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FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 3" 1904

Full Name of Deceased, Edward Francis Cutter

If a married or divorced woman or a widow give also { Maiden Name, ——— Name of Husband, ———

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 54 Years, 11 Months, 19 Days. Occupation, Grocer

* Residence {If out of town, also state fully.} Winthrop Mass (32) Nash" Avenue

Place of Death, Winthrop Beach

Place of Birth, Westford Mass

Name and Birthplace of Father, Asaph B. Cutter Westford Mass

Maiden Name and Birthplace of Mother, Mary A. Chandler Westford Mass

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on January 4" 1905

Signature and place of business of Undertaker. { Sumner Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward F. Cutter Age, 54 Y. 11 M. 19 D.

Place and Date of Death, died at Winthrop Jan 3" 1905.

Disease or Cause of Death,‡ { Primary, Genral Debility Duration, 9 mos. Immediate, Mitral Obstruction Duration, Indef.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { H. J. Porter M. D. Winthrop Beach

Date of Certificate, Jan. 5. 1905.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Edward C. Bardon

Agent of Board of Health.

No. 1

RETURN OF THE DEATH

OF

Edward F. Coutter

at Winthrop

Date, Jan 3 190 15.

Filed, Jan 4 190 15.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth- Penalty for violation not exceeding fifty dollars.

[7-00-37-XX M.]

1904

Jan 5

Permit No. .....

RETURN OF DEATH.

BOSTON. Winthrop Mass

Date of death { Year, 1904 / Month, Jan / Day, 5 } Birth { Year, 1826 / Month, Dec / Day, 5 } Age { Years, 77 / Months, 1 / Days, X }

Name in full, Thomas Murray Residence, 168 Shirley St

Maiden name, —

Sex { Male. ✓ / Female. } Conjugal condition { Single. / Married. ✓ / Widowed. / Divorced. } Color { White. ✓ / Black (Negro or mixed). / Indian. / Chinese. / Japanese. }

Wife of — Widow of —

Place of death { Street, Number, } 168 Shirley St Winthrop

Place of birth, Ireland

Occupation, Retired

Name of Father, Francis Murray Maiden Name of Mother, Mary Jordan

Birthplace of Father, Ireland Birthplace of Mother, Ireland

Place of interment, Holy Cross Cemetery

C. R. Penniman.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, January 7 1904.

Name and age of deceased, Thomas Murray Age, 77 years.

Date and place of death,* 168 Shirley St Winthrop Mass

Disease { Chief cause, Mitral insufficiency, Coronary sclerosis / Contributing cause, Old age. }

Duration { Chief cause, Instantly (dropped dead) / Contributing cause, }

I certify that the above is true, to the best of my knowledge and belief.

Name and residence of physician, W. P. Metcalf, Winthrop Mass M.D.

* If in an institution, state how long an inmate and previous residence.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 8 A.M. till 5 P.M.

Thomas Murray
January 7 - 1964

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1904.

FULL NAME Annie M McGreal Registered No. 354

Place of Death and Residence: Free Home for Consumptives Quincy St Boston Mass

Date of Death Jan 11 1904. Age 16 years months 25 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
female	white	single

Maiden Name

Husband's Name

Birthplace East Boston Mass

Name of Father James

Birthplace of Father Ireland

Maiden Name of Mother Winnifred Welch

Birthplace of Mother Ireland

Occupation Domestic

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) Pul. Tuberculosis

6 months

Contributory: (Duration)

(Signed) John B Treanor M.D.

Jan 12 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Holy Cross Malden

Undertaker Sumner Floyd

Usual Residence Winthrop Mass

Filed Jan 14 1904.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

FORM C.

Jan 15

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 15 " 1904

Full Name of Deceased, Margaret Alice Ames

{If a married or divorced woman or a widow give also} Maiden Name, Cummings

Name of Husband, William P. Ames

Sex, Female Color, White ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 49 Years, 4 Months, 15 Days. Occupation, —

* Residence {If out of town, also state fully.} 23 Winthrop St N. Highlands

Place of Death, " " " " "

Place of Birth, St John N.B.

Name and Birthplace of Father, William Cummings St John (N.B)

Maiden Name and Birthplace of Mother, Ann Thompson St John (N B)

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop

on January 15 1904

Signature and place of business of Undertaker. Sumner Floyd 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Margaret Alice Ames Age, 49 Y. 4 M. 15 D.

Place and Date of Death, died at Winthrop Hds Jan 15 " 1904.

Disease or Cause of Death,‡ {Primary, Pneumonia Duration, 6 days

Immediate, Duration, }

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B J Metcalf M. D.
Winthrop

Date of Certificate, Jan 16 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Margaret Alice Ames

at 23 Hutchinson Street

Date, January 15 1904.

Filed, January 16 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Jan 18

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 18" 1904

Full Name of Deceased, Ellsworth Russell Belcher

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 6 Years, 8 Months, 6 Days. Occupation, ...

* Residence {If out of town, also state fully.} 5, Elmwood Avenue

Place of Death, " " "

Place of Birth, Winthrop Mass

Name and Birthplace of Father, Henry M Belcher (Winthrop)

Maiden Name and Birthplace of Mother, Amelia J. Cobb - P E Island

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on January 19 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ellsworth Russell Belcher Age, 6 Y. 8 M. 6 D.

Place and Date of Death, died at Winthrop January 18 1904

Disease or Cause of Death,‡ { Primary, Mitral regurgitation Duration, years

Immediate, Cardiac Embolism Duration, above

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. A. Morrison M. D. 80 Princeton St.

Date of Certificate, Jan 19 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Ellsworth Russell Belcher

at 5 Elmwood Avenue

Date, January 18 1904.

Filed, January 19 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

[11-'02-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON~~, MASS.

Date of Death, Feb 2 - 1904

Name in full, Patrick Doyle

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, W. (White, Black, Mixed, Chinese, Indian, etc.) Condition. Married (Single, Married, Widowed or Divorced.)

Age, 71 Years, 4 Months, 16 Days. Occupation, Labor

Residence, 5 Crest Ave Winthrop Ward, ...

Place of Death, 59 Crest Ave

Place of Birth, Ireland Date of Birth, (State year, month and day.) March 1 - 1832

Name and Birthplace of Father, William - Ireland

Maiden Name and Birthplace of Mother, Honora Dempsey Ireland

Place of Interment, Calvary Cemetery

Frank J. Murray - Boston.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Feb 3d 1904.

Name and Age of Deceased, Patrick Doyle Age, 71 years.

Date and Place of Death,* 59 Crest Ave Winthrop Mass

Disease { Chief cause, Cancer of Oesophagus
Contributing cause, 2 yrs.

Duration { Chief cause, ...
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B H Metcalf - Winthrop Mass M.D.

* If an institution, state how long an inmate and previous residence.

Patrick Doyle
February 2nd 1904

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, February 8th 1904.

Full Name of Deceased, Charles H. Shirley

If a married or divorced woman or a widow give also { Maiden Name, ~ ~ ~ / Name of Husband, ~ ~ ~

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 61 Years, ~ Months, ~ Days. Occupation, Steward.

* Residence {If out of town, also state fully.} 81 Shirley Street Winthrop Mass

Place of Death, 81 Shirley Street Winthrop Mass

Place of Birth, Dracut Mass

Name and Birthplace of Father, Charles Shirley Fryburg Me

Maiden Name and Birthplace of Mother, Susan Clark New Ipswich N H

Place of Burial (Give name of Cemetery), Edson Cemetery Lowell Mass

Dated at Winthrop on February 9th 1904

Signature and place of business of Undertaker. { Sumner Floyd / 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Chas. H. Shirley Age, 61 Y. — M. — D.

Place and Date of Death, died at Winthrop, Mass. Feb. 8 1904.

Disease or Cause of Death,‡ { Primary, ... Duration, ...

Immediate, Heart Disease Duration, 3 or 4 years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { A. B. Norman M. D. / Winthrop, Mass.

Date of Certificate, Feb. 9th 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Charles H. Shirley

at 81 Shirley Street

Date, February 8th, 1904.

Filed, February 9th, 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Feb 26

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, February 26" 1904

Full Name of Deceased, Florence Adelaide Whelpley

If a married or divorced woman or a widow give also: Maiden Name, ~ ~ ~ ~

Name of Husband, ~ ~ ~

Sex, F Color, W Single, ~~Married, Widowed or Divorced,~~

Age, ~~Y~~ Years, 8 Months, ~ Days. Occupation, ~ ~ ~

* Residence (If out of town, also state fully.) Winthrop Mass

Place of Death, 108 Shirley Street

Place of Birth, 108 Shirley Street

Name and Birthplace of Father, Wesley L. Whelpley

Maiden Name and Birthplace of Mother, Selma A. McVaughlin

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on February 28" 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Vernon Street.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Florence A Whelpley Age, ~ Y. 6 M. 8 D.

Place and Date of Death, died at Winthrop February 26" 1904

Disease or Cause of Death,‡ Primary, Pneumonia Duration, 3 days

Immediate, Duration, /

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. A. L. Tullman M. D.
4 Princeton St.

Date of Certificate, 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Florence A. Whelpley

at 108 Shirley Street

Date, February 26 1904.

Filed, February 28 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars

Feb-27

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, February 27" 1904

Full Name of Deceased, Louisa W. Gardiner

{If a married or divorced woman or a widow give also} Maiden Name, Louisa W. Dond

Name of Husband, James C. Gardiner

Sex, F Color, W ~~Single, Married, Widowed or Divorced~~, Widowed

Age, 76 Years, 8 Months, 12 Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 7 Thornton Park

Place of Birth, Otsego New York

Name and Birthplace of Father, Unknown = Connecticut

Maiden Name and Birthplace of Mother, Silence Judd Otsego NY

Place of Burial (Give name of Cemetery), Oakland Cemetery - Syracuse NY

Dated at Winthrop on February 28 1904

Signature and place of business of Undertaker. Schirner Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Louisa W. Gardiner Age, 76 Y. 8 M. 12 D.

Place and Date of Death, died at 7 Thornton Park February 27 1904.

Disease or Cause of Death,‡ Primary, Initial insufficiency Duration, 3 years

Immediate, Final Disorder Duration, 3 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. P. H. Metcalf, Winthrop M. D.

Date of Certificate, Mch 1st 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

RETURN OF THE DEATH

OF

Louisa W. Gardiner

at No 7 Thornton Park

Date, February 27 190 4.

Filed, February 28 " 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1904.

FULL NAME Albert F Sumpter Registered No 1833

Place of Death and Residence: South Dept City Hospital Boston Mass

Date of Death Feb 28 1904. Age 10 years 6 months 15 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	single

Maiden Name

Husband's Name

Birthplace Brockton Mass

Name of Father Frank

Birthplace of Father Westboro Mass

Maiden Name of Mother Grace E Howland

Birthplace of Mother So Hanson Mass

Occupation none

Informant

Place of Burial or removal Mt Hope Cem Boston

Undertaker J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and beiief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) Measles 29 days

Contributory: (Duration) Congenital Hydrocephalus years

(Signed) John H McCollum M.D

Feb 28 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 247 Shirley St Winthrop

Filed Mar 2 1904.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA AD.
1630.
CIVITATIS REGIMINE DONATA AD. 1822.
BOSTON. MASS.

FORM C.

Feb 29

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Feb 29th Winthrop 1904.

Full Name of Deceased, Alma M. Claflin

If a married or divorced woman or a widow give also: Maiden Name, Alma M. Sawyer

Name of Husband, Clarance A. Claflin

Sex, Female Color, White ~~Single, Married~~, Widowed ~~or Divorced,~~

Age, 49 Years, 10 Months, 19 Days. Occupation,

* Residence (If out of town, also state fully.) 248 Shirley St Winthrop Mass

Place of Death, 248 Shirley St Winthrop Mass

Place of Birth, Milford Mass

Name and Birthplace of Father, Henry J. Sawyer Milford Mass

Maiden Name and Birthplace of Mother, Unknown Unknown

Place of Burial (Give name of Cemetery), Milford Mass Pine Grove

Dated at Winthrop Mass on 2nd March 1904

Signature and place of business of Undertaker. Chas. R. Brennan 40 Winthrop St Winthrop Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Alma M. Claflin Age, 49 Y. 10 M. 19 D.

Place and Date of Death, died at 248 Shirley St, Winthrop Feb. 29. 1904.

Disease or Cause of Death,‡ Primary, Cardiac Dropsy Duration, 2 yrs.

Immediate, Pulmonary Edema Duration, 10 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D. Winthrop, Mass.

Date of Certificate, Mar. 2d 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

Alma J. Claflin

at 248 Shirley Street

Date, February 29" 1904.

Filed, March 2" 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Mar 2

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 2 1904.

Full Name of Deceased, Joseph William Slover

{If a married or divorced woman or a widow give also} Maiden Name, ~

Name of Husband, ~

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 60 Years, 10 Months, ~ Days. Occupation, Druggist

* Residence {If out of town, also state fully.} 161 Shirley Street

Place of Death, 161 Shirley Street

Place of Birth, Buckeport Maine

Name and Birthplace of Father, Joseph G. Slover ~~Buckeport~~ Penobscot Me

Maiden Name and Birthplace of Mother, Augusta Maria Noyes Eastport Me

Place of Burial (Give name of Cemetery), Bangor Maine

Dated at Winthrop on March 2 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joseph W. Slover Age, 60 Y. 10 M. ~ D.

Place and Date of Death, died at Winthrop 161 Shirley St Mar 2 1904.

Disease or Cause of Death,‡ Primary, Chronic Bright's & Valvular Heart Disease Duration, Years

Immediate, Uraemic Convulsion Duration, 1/4 hour

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. J. Johnson M. D.
Winthrop Mass

Date of Certificate, March 4 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Joseph N. Glover

at 161 Shirley Street

Date, March 2" 1904.

Filed, March 4" 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith [illegible] permit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Man 7

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 7" 1904

Full Name of Deceased, Ann Young

If a married or divorced woman or a widow give also { Maiden Name, Ann Baker
Name of Husband, John Young

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced,~~

Age, 71 Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 71 Main Street

Place of Birth, Canada

Name and Birthplace of Father, George Baker (Unknown)

Maiden Name and Birthplace of Mother, Esther Baker (Unknown

Place of Burial (Give name of Cemetery), Forest Hills Cemetery

Dated at Winthrop
on March 7" 1904

Signature and place of business of Undertaker. { Sumner Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ann Young Age, 71 Y. ..... M. ..... D.

Place and Date of Death, died at Winthrop, Mass March 7, 1904.

Disease or Cause of Death,‡ { Primary, Chronic Bronchitis Duration, - Final year
Immediate, Exhaustion from Agitated Melancholia Duration, 6 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Chas. G. Drury M. D.
539 Talbot Ave.,
Boston, Mass

Date of Certificate, March 10, 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Ann Young

at 71 Main Street

Date, March 7" 1904.

Filed, March 8" 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit and deliver it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Mar 18

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 18 " 1904

Full Name of Deceased, Robert De Cosa Ireland

If a married or divorced woman or a widow give also { Maiden Name, ~~~~~~~~~~ / Name of Husband, ~~~~~~~~~~

Sex, M Color, W ~~Single,~~ Married, ~~Widowed or Divorced,~~

Age, 71 Years, 4 Months, 1 Days. Occupation, Electric & Gas Fixtures

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 9 Myrtle Avenue

Place of Birth, Ireland

Name and Birthplace of Father, Robert Ireland — Ireland

Maiden Name and Birthplace of Mother, Jane Locke — Ireland

Place of Burial (Give name of Cemetery), Mount Wallaston Cemetery Quincy Mass

Dated at Winthrop

on March 19 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hermon Street, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Robert D. Ireland Age, 71 Y. 4 M. 1 D.

Place and Date of Death, died at Winthrop Mar. 18 1904.

Disease or Cause of Death,‡ { Primary, Cystitis Duration, 2 yrs.

Immediate, Acute Nephritis Duration, 2 mos.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D.
Winthrop

Date of Certificate, Mch. 19 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Robert De Corsa Ireland

at Myrtle Avenue

Date, March 18th 1904.

Filed, March 19 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Form C.

Mar 19

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary J. Snodgrass Sex, F Color, White

Date of Death, Mar 19th 1904; Age, 49 Years, 9 Months, 8 Days.

Maiden Name, {If married, widowed or divorced.} Mary J. Shields Widow

Husband's Name, Ansel E. Snodgrass

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, {If out of town, also state fully.} 2 Argyle St

Place of Birth, Newburyport, Mass.

*Place of Death, 2 Argyle St, Winthrop, Mass.

Name and Birthplace of Father, Edward Shields Ireland

Maiden Name and Birthplace of Mother, Catharine Green "

Place of Interment, (Give name of Cemetery), Holy Cross, Malden

Dated at Winthrop Mass

on Mar 19th 1904

Signature and place of business of Undertaker. Frank S. Maloney, 146 Winthrop St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary J. Snodgrass Age, 49 Y. 9 M. 8 D.

Place and Date of Death, died at Winthrop, Mass Mar 19th 1904.

Disease or Cause of Death,‡ Primary, Carcinoma Uteri Duration, 2 yrs

Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. R H Metcalf M. D. Winthrop

Date of Certificate, Mar 20 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Mary J. Snodgrass

at 2 Argyle Street

Date, March 19" 1904.

Filed, March 20" 1904.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

FORM C.

Mar 19

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 19 1904.

Full Name of Deceased, Charles Alfred Thompson

If a married or divorced woman or a widow give also { Maiden Name, — Name of Husband, —

Sex, Male Color, White Single, ~~Married, Widowed or Divorced,~~ Single

Age, 26 Years, 3 Months, 13 Days. Occupation, Scenic artist

* Residence {If out of town, also state fully.} 40 Terrace Avenue Winthrop Mass.

Place of Death, Winthrop, Mass. (40 Terrace Avenue)

Place of Birth, New York City

Name and Birthplace of Father, John Alfred Thompson New York City

Maiden Name and Birthplace of Mother, Margaret Kelley New York City

Place of Burial (Give name of Cemetery), Winthrop Mass.

Dated at Winthrop Mass on March 19 1904

Signature and place of business of Undertaker. { Sumner O Floyd 18 Hermon Street Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Charles A. Thompson Age, 26 Y. 3 M. 13 D.

Place and Date of Death, died at Winthrop Mch. 19. 1904.

Disease or Cause of Death,‡ { Primary, Bright's Disease Duration, 4 yrs. Immediate, Pulmonary Oedema Duration, 1 wk.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D. Winthrop.

Date of Certificate, Mch. 19. 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Charles Alfred Thompson

at 48 Terrace Avenue

Date, March 19th 1904.

Filed, March 19 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Mar 22

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 22" 1904

Full Name of Deceased, Mary Moorcroft

If a married or divorced woman or a widow give also — Maiden Name, Mary Sheerin

Name of Husband, Andrew Moorcroft

Sex, F Color, W ~~Single,~~ Married, ~~Widowed or Divorced,~~

Age, 38 Years, — Months, — Days. Occupation, Housewife

* Residence (If out of town, also state fully.) 128 Border Street East Boston

Place of Death, 41 Fremont Street. Winthrop.

Place of Birth, Ireland

Name and Birthplace of Father, Thomas Sheerin = Ireland

Maiden Name and Birthplace of Mother, Catherine Shannery = Ireland

Place of Burial (Give name of Cemetery),

Dated at Winthrop on March 22 1904

Signature and place of business of Undertaker. Turner Floyd, 18 Fremont Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary Moorcroft Age, 38 Y. M. D.

Place and Date of Death, died at 41 Fremont St Mch 22 1904.

Disease or Cause of Death,‡ Primary, Nephritis Duration, one year ?

Immediate, Cardiac Duration, 3 yrs

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B L Metcalf M. D.

Winthrop Mass

Date of Certificate, Mch 23d 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Mary Worcester

at 41 Fremont Street

Date, March 22" 190 4.

Filed, March 28 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn." Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

43 Vaginal C. Hosp. Mar 23

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 23" 1904.

Full Name of Deceased, Marie A. Howard

{If a married or divorced woman or a widow give also} Maiden Name, Mary G. Barnes

Name of Husband, John J. Howard

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~ ~~Married~~

Age, 27 Years, 10 Months, 15 Days. Occupation, —

* Residence {If out of town, also state fully.} 3 Summit Avenue Winthrop

Place of Death, Winthrop Mass 3 Summit Avenue

Place of Birth, East Boston

Name and Birthplace of Father, Geo S Barnes Middletown, Conn

Maiden Name and Birthplace of Mother, Catherine McKenney Iceland

Place of Burial (Give name of Cemetery), Holyhood Cemetery Brookline

Dated at Winthrop on March 24 1904

Signature and place of business of Undertaker. Sumner Floyd 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Marie A Howard Age, 27 Y. 10 M. 18 D.

Place and Date of Death, died at 3 Summit Ave Winthrop Mass. Mch 23 1904.

Disease or Cause of Death,‡ Primary, Dipsomania Duration, 3 .

Immediate, Heart Failure Duration, Immediately

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. R S Metcalf M. D. Winthrop Mass

Date of Certificate, Mch 24th 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Marie A. Dionard

at 3 Summit Avenue

Date, March 23 1904.

Filed, March 24 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Mar 25

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 25th 1904.

Full Name of Deceased, Dr John Daniel Young

If a married or divorced woman or a widow give also { ~~Maiden Name~~, ... ~~Name of Husband~~, ...

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 64 Years, — Months, — Days. Occupation, Physician

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, Cor Crest Avenue & Turkshing Street.

Place of Birth, Corina Maine

Name and Birthplace of Father, Alvin Young, Unknown

Maiden Name and Birthplace of Mother, Martha Winchester

Place of Burial (Give name of Cemetery), Lawrence Mass

Dated at Winthrop on March 26th 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hersum Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John Daniel Young Age, 64 Y. — M. — D.

Place and Date of Death, died at Winthrop March 25th 1904.

Disease or Cause of Death,‡ { Primary, Inflammation of the Ascending Colon and disease of the Mesenteric Veins Duration, Last Sickness 1 wk.

Immediate, Hemorrhage and Exhaustion Duration, 24 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { A. B. Norman M. D. Winthrop Mass

Date of Certificate, March 27th 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John Daniel Long

at March 25 " 1904

Date, March 25 " 1904.

Filed, March 26 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Ma 26

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 26" 1904

Full Name of Deceased, George L. Wadsworth (Crest Avenue)

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W ~~Single,~~ Married, ~~Widowed or Divorced,~~

Age, 49 Years, 2 Months, 14 Days. Occupation, Real Estate Agent

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 50, Crest Avenue

Place of Birth, Duxbury Mass

Name and Birthplace of Father, Peleg Wadsworth

Maiden Name and Birthplace of Mother, Susan Mears

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on March 28" 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† George L. Wadsworth Age, 49 Y. 2 M. 14 D.

Place and Date of Death, died at Winthrop March 26 1904

Disease or Cause of Death,‡ { Primary, abdominal Carcinoma Duration, Months

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. A. Morrison M. D., 80 Princeton St.

Date of Certificate, ... 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

George L. Wadsworth

at Winthrop (Crest Avenue

Date, March 26" 1904.

Filed, March 27 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Mar 28

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 28th 1904

Full Name of Deceased, Elizabeth Flanagan

If a married or divorced woman or a widow give also: Maiden Name, Elizabeth Farrell; Name of Husband, John Flanagan

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 73 Years, 9 Months, 4 Days. Occupation, Housewife

* Residence (If out of town, also state fully.) Winthrop Mass

Place of Death, 178 Shirley Street

Place of Birth, Ireland

Name and Birthplace of Father, Andrew Farrell - Ireland

Maiden Name and Birthplace of Mother, Catherine Wiggins

Place of Burial (Give name of Cemetery), Winthrop Mass

Dated at Winthrop on March 29th 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Elizabeth Flanagan Age, 73 Y. 9 M. 4 D.

Place and Date of Death, died at Winthrop Mch. 28. 1904

Disease or Cause of Death,‡ Primary, Mitral Insufficiency Duration, (?)

Immediate, Acute Nephritis Duration, 2 mos.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D. Winthrop,

Date of Certificate, Mch. 29 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Elizabeth Flanagan

at 178 Shirley Street

Date, March 29th 1904.

Filed, March 31 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Mar 31

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 31 1904.

Full Name of Deceased, — Cottrell Still born

If a married or divorced woman or a widow give also { Maiden Name, ~~Ada B. Miller~~ Name of Husband, ~~Willard F. Cottrell~~

Sex, Female Color, white Single, ~~Married, Widowed or Divorced,~~

Age, — Years, — Months, — Days. ~~Occupation,~~

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 37 Grove Avenue Winthrop Highlands Mass.

Place of Birth, " " " " " "

Name and Birthplace of Father, Willard F. Cottrell Belfast Maine

Maiden Name and Birthplace of Mother, Ada B. Miller Boston Mass.

Place of Burial (Give name of Cemetery), Westboro Mass.

Dated at Winthrop on April 2 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Vermont Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Still born Infant Age, — Y. — M. — D.

Place and Date of Death, died at 37 Grove Avenue Mar 31 1904.

Disease or Cause of Death,‡ { ~~Primary~~, ... Duration, ...

Immediate, Still Born Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { George S. C. Badger M. D.
483 Beacon St

Date of Certificate, March 31st 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Stillborn Infant (Cottrell)

at 37 Grace Avenue

Date, March 31 190 4.

Filed, April 1st 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a*

Apr 2

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 2nd 1904.

Full Name of Deceased, Margaret L. McNamara

{If a married or divorced woman or a widow give also} Maiden Name, " " Haggerty

Name of Husband, John B. McNamara

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced,~~

Age, 65 Years, — Months, — Days. Occupation, Housework

* Residence {If out of town, also state fully.} Charlestown Mass

Place of Death, 2 Cottage Avenue Winthrop Mass

Place of Birth, Ireland

Name and Birthplace of Father, Michael Haggerty Ireland

Maiden Name and Birthplace of Mother, Mary Doherty Ireland

Place of Burial (Give name of Cemetery), Holyhood Cemetery (Brookline)

Dated at Winthrop

on April 2nd 1904

Signature and place of business of Undertaker. {Timothy J. Gallagher 50 & 52 Warren St Charlestown Mass

PHYSICIAN'S CERTIFICATE.

~~Cambridge~~, Winthrop April 2 1904

Name of Deceased* Margaret L. McNamara Supposed Age, 65 Years, — Months, — Days.

Place and Date of Death, No. 2 Cottage Avenue ~~Street, Cambridge,~~ ~~190~~

Disease or Cause of Death :

Chief Cause, Cerebral hemorrhage

Contributing Cause† DURATION.

Place where disease was contracted, if other than death,

I certify that the above is true to the best of my knowledge and belief.

Signature of Physician, W. A. Morrison M. D.

Residence, No. 80 Princeton Street, East Boston (City or Town.)

* Or Sex of Infant (not named).

† If a soldier or sailor who served in the War of the Rebellion, Chief and Contributing causes *must* be given.

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A.M. till 2 P.M. ; Sundays and Holidays, 12 M. till 1 P.M. ; Other Days, from 8 A.M. till 4 P.M.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK.

[OVER]

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Margaret J. McNamara

at 2 Cottage Avenue

Date, April 2nd 1904.

Filed, April 2 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

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Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Apr-4

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 4th 1904

Full Name of Deceased, Harriet Y. Morton

{If a married or divorced woman or a widow give also} Maiden Name, " " "

Name of Husband, — — —

Sex, F Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 60 Years, — Months, — Days. Occupation, Dressmaker

* Residence {If out of town, also state fully.} Neponset Mass (50 Catawba St)

Place of Death, 74 Crest Avenue Winthrop

Place of Birth, — Bristol Maine

Name and Birthplace of Father, Robert Morton

Maiden Name and Birthplace of Mother, Nancy Jones. — Newcastle Me

Place of Burial (Give name of Cemetery), Winthrop Cemetery (Winthrop, Mass)

Dated at Winthrop

on April 5th 1904

Signature and place of business of Undertaker. Dunner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Harriet Y. Morton Age, 60 Y. ..... M. ..... D.

Place and Date of Death, died at Winthrop, Apr. 4 1904.

Disease or Cause of Death,‡ Primary, ... Duration, ...

Immediate, Apoplexy Duration, 2 hrs.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D.
250 Shirley St., Winthrop

Date of Certificate, April 5th 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Interment in Section — Countersign and transmit to the clerk of the city or town.

Place

Winthrop Cemetery

Agent of Board of Health.

5. Chesnut

No.

RETURN OF THE DEATH

OF

Harriet G. Morton

at 74 West Avenue

Date, April 4 " 1904.

Filed, April 6 " 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

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Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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[Extracts from Chapter 78, Revised Laws.]

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FORM C.

Apr 9

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 9" 1904.

Full Name of Deceased, Joanna Tewksbury

{If a married or divorced woman or a widow give also} Maiden Name, Joanna Waitt

Name of Husband, George W. Tewksbury

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced,~~

Age, 79 Years, 6 Months, 15 Days. Occupation,

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 45, Washington Avenue

Place of Birth, Malden Mass

Name and Birthplace of Father, Nathaniel Waitt - Malden

Maiden Name and Birthplace of Mother, Sarah Keagles - Malden

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on April 9" 1904

Signature and place of business of Undertaker. { Dunbar Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joanna Tewksbury Age, 79 Y. 6 M. 15 D.

Place and Date of Death, died at 45 Washington Street April 9 1904

Disease or Cause of Death,‡ { Primary, ... Duration, ...

Immediate, Cerebral Haemorrhage Duration, 10 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B L Metcalf M. D.
Winthrop Mass

Date of Certificate, April 10 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Joanna Tenkbury

at 46 Washington Avenue

Date, April 9th 1904.

Filed, April 11th 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Apr '19

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 19 " 1904

Full Name of Deceased, Mary Elizabeth Nute (Widow) (maiden name) (married name)

{If a married or divorced woman or a widow give also} Maiden Name, Mary Elizabeth Phinney Cook

Name of Husband, Albert H. Nute

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 65 Years, ~ Months, ~ Days. Occupation, Housewife

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 4 Washington Avenue

Place of Birth, Portsmouth New Hampshire

Name and Birthplace of Father, Thomas Cook — London England

Maiden Name and Birthplace of Mother, Permela K. Adams Portsmouth N.H.

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop

on April 20 1904

Signature and place of business of Undertaker. {Sumner Floyd, 18 Vernon Street,

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary E Nute Age, 65 Y. × M. × D.

Place and Date of Death, died at 4 Washington Ave Apr 19 1904.

Disease or Cause of Death,‡ {Primary, Diabetes Duration, Indefinite

Immediate, Gangrene of left foot Duration, 1½ yrs.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {Percy V Brown M. D.
28 Taylor St

Date of Certificate, Apr 21 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Thos R Gardner
~~Agent~~ of Board of Health.
Secretary

No.

RETURN OF THE DEATH

OF

Mary Elizabeth Shute

at 4 Washington Avenue

Date, April 19th 1904.

Filed, April 22d 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a*

FORM C.

Apr 21

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 21 1904.

Full Name of Deceased, Nellie A. Peterson

{If a married or divorced woman or a widow give also} Maiden Name, Nellie A Gavey

Name of Husband, John P. Peterson

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 34 Years, — Months, — Days. Occupation, Housewife

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, No 15, Centre Street

Place of Birth, Titusville Pensylvania

Name and Birthplace of Father, Owen Gavey - Ireland

Maiden Name and Birthplace of Mother, Mary Keown - Canada

Place of Burial (Give name of Cemetery),

Dated at Winthrop on April 22 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Nellie A. Peterson Age, 34 Y. — M. — D.

Place and Date of Death, died at 15 Centre Street April 21 1904

Disease or Cause of Death,‡ Primary, Nephritis of Pregnancy Duration, two months

Immediate, Eclampsia Duration, 1 hour

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. D A Graves M. D. 128 Lexington St, E.B.

Date of Certificate, April 22 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Nellie A. Peterson

at 15 Centre Street

Date, April 22 1904.

Filed, April 22 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] of such statement and certificate, shall forth-

FORM C.

Apr 21

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 21 1904

Full Name of Deceased, Stillborn Infant Peterson

{If a married or divorced woman or a widow give also} Maiden Name, ——

Name of Husband, ——

Sex, F Color, Single, ~~Married, Widowed or Divorced,~~

Age, — Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} No 15 Centre Street Winthrop

Place of Death, No 15 Centre Street Winthrop

Place of Birth, No 15 Centre Street Winthrop

Name and Birthplace of Father, John P. Peterson Sweden

Maiden Name and Birthplace of Mother, Nellie A Garey Titusville Pa

Place of Burial (Give name of Cemetery), Woodlawn Cemetery

Dated at Winthrop on April 22 1904

Signature and place of business of Undertaker. Sumner Floyd 18 Henry Street Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Age, Y. M. D.

Place and Date of Death, died at Winthrop No 15 Centre Street Apl 21, 1904

Disease or Cause of Death,‡ Primary, Duration,

Immediate, Still-born Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. D A Grace M. D. 128 Lexington St, E Boston

Date of Certificate, april 22 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Stillborn Peterson

at 15 Centre Street

Date, April 21 1904.

Filed, April 22 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Apr 24

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 24, " 1904.

Full Name of Deceased, Susan Rebecca Colson

{If a married or divorced woman or a widow give also} Maiden Name, Shay

Name of Husband, James Edward Colson.

Sex, female Color, white ~~Single, Married~~, Widowed ~~or Divorced,~~

Age, 72 Years, 3 Months, 20 Days. Occupation,

* Residence {If out of town, also state fully.} 2 Stimpson Terrace, Winthrop

Place of Death, Winthrop Mass

Place of Birth, Boston Mass

Name and Birthplace of Father, William Shay, Halifax

Maiden Name and Birthplace of Mother, Mary R. Jordan, Halifax

Place of Burial (Give name of Cemetery), Winthrop

Dated at Winthrop on April 24, 1904.

Signature and place of business of Undertaker. Sumner Floyd, " 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Susan Rebecca Colson Age, 72 Y. 3 M. 20 D.

Place and Date of Death, died at Winthrop, Apr. 24. 1904.

Disease or Cause of Death,‡ Primary, Duration,

Immediate, Cerebral Hemorrhage Duration, Two mos.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D.

Date of Certificate, Apr. 25. 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Susan Rebecca Coleon

at 2 Simpson Terrace
Cottage Hill

Date, April 24 1904.

Filed, April 25 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Apr 30

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 30 " 1904.

Full Name of Deceased, Edward R. Wheeler M D

If a married or divorced woman or a widow give also: Maiden Name, ~~~~~~~~~~~~

Name of Husband, ~~~~~~~~~~~~

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 64 Years, 9 Months, ~ Days. Occupation, Physician

* Residence (If out of town, also state fully.) Spencer Mass

Place of Death, Winthrop Mass (134 Crest Avenue)

Place of Birth, Paxton Mass

Name and Birthplace of Father, Edward W. Wheeler = Dighton Mass

Maiden Name and Birthplace of Mother, Elizabeth Mead = Rowe Mass

Place of Burial (Give name of Cemetery), Pine Grove Cemetery = Spencer Mass

Dated at Winthrop on May 1st 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Vernon Street.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward R. Wheeler Age, 64 Y. 9 M. D.

Place and Date of Death, died at Winthrop 134 Crest Avenue Apr 30 1904.

Disease or Cause of Death,‡ Primary, ~~~~~~~~~~~~ Duration, ~~~~~~~~~~~~

Immediate, Angina Pectoris Duration, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D.
250 Shirley St, Winthrop

Date of Certificate, May 1st 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Edward R. Wheeler

at 134 Beech Avenue

Date, April 30 1904.

Filed, May 1 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

May 5

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 5 1904

Full Name of Deceased, John Dale

If a married or divorced woman or a widow give also { Maiden Name, ~ / Name of Husband, ~

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 60 Years, 3 Months, 21 Days. Occupation, Book-Keeper

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, Lewis Block, Shirley Street,

Place of Birth, Scotland (Denney)

Name and Birthplace of Father, John Dale Scotland

Maiden Name and Birthplace of Mother, Annie Neil Scotland

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop on May 6 1904

Signature and place of business of Undertaker. { Sumner Floyd / 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John Dale Age, 60 Y. 3 M. 21 D.

Place and Date of Death, died at Lewis Block Winthrop Mass May 5 1904.

Disease or Cause of Death,‡ { Primary, Pneumonia Duration, 7 days / Immediate, Pneumonia Duration, 7 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { J. E. Johnson M. D. / Winthrop Mass

Date of Certificate, May 7 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John L Dale

at Lewis Block - Shirley St

Date, May 5 1904.

Filed, May 6 1904.

[Extracts from Chapter 79, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 7th 1904

Full Name of Deceased, Henry A. Klagge

If a married or divorced woman or a widow give also — Maiden Name, —

Name of Husband, —

Sex, M Color, W ~~Single,~~ Married, ~~Widowed or Divorced,~~

Age, 60 Years, 8 Months, 27 Days. Occupation, Tailor

* Residence (If out of town, also state fully.) Winthrop Mass

Place of Death, 66 Pauline Street

Place of Birth, Germany

Name and Birthplace of Father, Unknown probably Germany

Maiden Name and Birthplace of Mother, Unknown " "

Place of Burial (Give name of Cemetery), Woodlawn Cemetery

Dated at Winthrop

on May 7 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Henry A. Klagge Age, 60 ? Y. M. D.

Place and Date of Death, died at Winthrop May 7th 1904

Disease or Cause of Death,‡ Primary, Gunshot Duration,

Immediate, Suicide Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Francis A. Harris M. D.
Med. Examiner

Date of Certificate, May 7th 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Henry A. Kluge

at 66 Pauline Street

Date, May 7" 1904.

Filed, May 9" 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1904.

CITY BOST

FULL NAME Munroe C Treworgy Registered No. 4284

Place of Death and Residence } Boston Carney Hospital

Date of Death May 12 1904. Age 53 years months days

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	married

Maiden Name

Husband's Name

Birthplace Surry Maine

Name of Father Zenas

Birthplace of Father Surry Maine

Maiden Name of Mother Mehitable

Birthplace of Mother Surry Maine

Occupation Clerk

Informant

Place of Burial or removal Winthrop Cem Winthrop Mass

Undertaker Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) } Gen. Peritonitis 1 week

Contributory: (Duration) } Appendicitis 48 hr

(Signed) A G Kilbourn M.D.

May 13 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop Mass

Filed May 14 1904.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS.
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

[11-'02-37-LM.]

May 20

Permit No. 0

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, May 20 1904

Name in full, James Hennessey.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, W. (White, ~~Black, Mixed, Chinese,~~ Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, Years, Months, Days. Occupation,

Residence, 33 Hemon St Ward, ~~2~~

Place of Death, 33 Hemon St

Place of Birth, Winthrop Date of Birth, May 20 1904 (State year, month and day.)

Name and Birthplace of Father, James R. Hamblin Mass.

Maiden Name and Birthplace of Mother, Delia Madden E. Boston

Place of Interment, Holy Cross Malden

Thos J. Lane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop May 20th 1904.

Name and Age of Deceased, James Hennessey Age, years.

Date and Place of Death,* May 20th 1904.

Disease { Chief cause, Still born

Contributing cause, —

Duration { Chief cause, —

Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Albert B Dorman M.D.

* If an institution, state how long an inmate and previous residence.

James O'Hennessy
33. Hermin Street
May 20th 1904
Stillborn Infant

May 25

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Racca (Stillborn) Registered No.

Place of Death * 14 Revere St Winthrop Mass

Date of Death May 25-1904 Age ~~Still Born~~ years months days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ 14 Revere St Winthrop Mass

NAME OF FATHER Louis Racca

BIRTHPLACE OF FATHER ‡ Italy

MAIDEN NAME OF MOTHER Marie Cimonelli

BIRTHPLACE OF MOTHER ‡ Italy

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL ..... 190....

UNDERTAKER C. R. Benson

ADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 25 1904 to — 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still Born

(DURATION) DAYS

Contributory: —

(DURATION) DAYS

(Signed) B H Metcalf M.D.

May 26 1904 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Stillborn Infant
— Racca —
14 Revere Street
May 25 1904

FORM C.

May 27

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 27th 1904

Full Name of Deceased, John Wesley Belcher

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, Male Color, White ~~Single,~~ Married, ~~Widowed or Divorced,~~ ~~Married~~

Age, 67 Years, 9 Months, 6 Days. Occupation, Gardener

* Residence {If out of town, also state fully.} 141 Winthrop St Winthrop Mass

Place of Death, " " " " "

Place of Birth, Chelsea ~~Winthrop~~ Mass

Name and Birthplace of Father, Samuel Belcher Chelsea ~~Winthrop~~ Mass

Maiden Name and Birthplace of Mother, Mary H. Whiting Unknown

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on 29th of May 1904

Signature and place of business of Undertaker. { Chas. R. Bronson Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John W Belcher Age, 67 Y. 9 M. 6 D.

Place and Date of Death, died at Winthrop May 27 1904.

Disease or Cause of Death,‡ { Primary, Brights disease Duration, ...

Immediate, Myocarditis Duration, 2 weeks (?)

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Moran J. Soule M. D. Winthrop Mass

Date of Certificate, May 29 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John W. Belcher

at 241 Winthrop Street

Date, May 27th 1904.

Filed, May 31 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

May 28

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 28" 1904.

Full Name of Deceased, Dennis McCarthy

If a married or divorced woman or a widow give also { Maiden Name, — Name of Husband, —

Sex, Male Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 53 Years, — Months, — Days. Occupation, Laborer

* Residence {If out of town, also state fully.} Rear 91 Shirley Street Winthrop

Place of Death, Rear 91 Shirley Street Winthrop

Place of Birth, Ireland

Name and Birthplace of Father, Timothy McCarthy = Ireland

Maiden Name and Birthplace of Mother, Ellen Reardon = Ireland

Place of Burial (Give name of Cemetery), St Joseph's Cemetery (W. Roxbury)

Dated at Winthrop

on May 28" 1904

Signature and place of business of Undertaker. { Samuel Floyd, 18 Herman Street, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Dennis McCarthy Age, 53 Y. ..... M. ..... D.

Place and Date of Death, died at Winthrop May 28 1904.

Disease or Cause of Death,‡ { Primary, Probably Heart disease Duration, ...

Immediate, died suddenly Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D.
250 Shirley St.

Date of Certificate, May 29 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Catherine E. Allison

at Terrace Avenue

Date, June 13 1904.

Filed, June 28 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith [illegible] a permit to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

June 15

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 15th 1904

Full Name of Deceased, Robert H. Orr

If a married or divorced woman or a widow give also { Maiden Name, ~ ~ ~ / Name of Husband, ~ ~ ~

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 28 Years, 2 Months, 15 Days. Occupation, Baleman

* Residence {If out of town, also state fully.} Braintree Mass

Place of Death, Winthrop, (Winthrop Beach) Old Steamboat Wharf

Place of Birth, Braintree Mass

Name and Birthplace of Father, William Orr, Ireland

Maiden Name and Birthplace of Mother, Sarah Waymouth Ireland

Place of Burial (Give name of Cemetery), Village Cemetery, Weymouth Mass

Dated at Winthrop on June 15th 1904

Signature and place of business of Undertaker. { Sumner Floyd, 15 Hermon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 15th 1904.

Name and age of deceased, Robert H. Orr *Age,* 28-2-15 *years.*

*Date and place of death,** June 14th Winthrop (Harbor)

Disease { *Chief cause,* Drowning / *Contributing cause,* Accident

Duration { *Chief cause,* / *Contributing cause,*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence of physician, Francis A. Harris M.D. Med. Examiner

* If in an Institution, state how long an inmate and previous residence.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M till 5 P.M.

No.

RETURN OF THE DEATH

OF

Robert H. Orr,

at Winthrop Beach

Date, June 15th 1904.

Filed, June 18th 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Jan 27

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 9" 1904

Full Name of Deceased, Mary A. Turnbull

{If a married or divorced woman or a widow give also} Maiden Name, Mary A Pettigrew

Name of Husband, George Turnbull

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced~~,

Age, 86 Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 17 Sargent Street

Place of Birth, Halifax N. S.

Name and Birthplace of Father, William Pettigrew — Scotland

Maiden Name and Birthplace of Mother, Agnes Pollock — Scotland

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on July 10" 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary A. Turnbull Age, 86 Y. — M. — D.

Place and Date of Death, died at 17 Sargent St. Winthrop July 9 1904.

Disease or Cause of Death,‡ Primary, Chronic Bright's Disease Duration, years

Immediate, Chronic Bright's Disease Duration, years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. D. E. Johnson M. D. Winthrop Mass

Date of Certificate, July 11 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Mary A. Turnbull

at 17 Sargent Street

Date, July 9th 1904.

Filed, July 10 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Catharine Elizabeth Ranagan Registered No.

Place of Death* 119 Shirley Street Winthrop Mass

Date of Death July 7th 1904 Age × years × months 7 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡
119 Shirley St Winthrop

BIRTHPLACE OF FATHER ‡
place of
Somerville Mass

NAME OF FATHER ‡
Frederick P. Ranagan

MAIDEN NAME OF MOTHER
Catharine McSweeney

BIRTHPLACE OF MOTHER ‡
England

OCCUPATION —

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖
Woburn Mass

DATE OF BURIAL
July 8 1904

UNDERTAKER
C. R. Benneson

ADDRESS
Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 29th 1904 to July 7th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Icterus neonatorum

(DURATION) 7 DAYS

Contributory: —

(DURATION) — DAYS

(Signed) B J Metcalf M.D.

July 7 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

July 7th 1904
Filed July 12th 1904

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 11" 1904

Full Name of Deceased, Eliza Jane Masters

{If a married or divorced woman or a widow give also} Maiden Name, Eliza Jane Langan

Name of Husband, Joseph D. Masters

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced~~,

Age, 64 Years, 11 Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 2 Bowdoin Street

Place of Birth, New Brunswick

Name and Birthplace of Father, Lorenzo Langan, New Brunswick

Maiden Name and Birthplace of Mother, Unknown — Unknown

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on July 12 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Eliza Jane Masters Age, 64 Y. 11 M. — D.

Place and Date of Death, died at Winthrop, July 11" 1904

Disease or Cause of Death.‡ Primary, General breaking down of System Duration, 7 months

Immediate, Apoplexy Duration, 4 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Albert B Dorman M. D. Winthrop, Mass

Date of Certificate, July 12th 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 15. 1904

Filed July 22. 1904

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Baby Neil Registered No.

Place of Death * 10 Marshall St. Winthrop

Date of Death July 18th Age Still Born years months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ —

NAME OF FATHER William J. Neil

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Mary McWha

BIRTHPLACE OF MOTHER ‡ Scotland

OCCUPATION —

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 19 to 04 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) B. L. Mel Calf M.D.

July 18 190 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Winthrop Cemetery	July 19 1904
UNDERTAKER	ADDRESS
C. R. Benneson	Winthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Informatinn." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

July 18 " 1904

July 20 " 1904

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF BOSTON

RETURN OF A DEATH—1904.

FULL NAME Edward G Parker Registered No. 6220

Place of Death and Residence: Boston Mass General Hospital

Date of Death July 27 1904. Age 46 years months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	single

Maiden Name

Husband's Name

Birthplace Hyannis Mass

Name of Father Joseph C

Birthplace of Father Hyannis Mass

Maiden Name of Mother Arabella Harris

Birthplace of Mother Hyannis Mass

Occupation Bookkeeper

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) Cancer of Stomach 4 mos

Contributory: (Duration) Gastro Enterostomy 8 days

(Signed) F A Washburn Jr M.D.

July 28 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal Mass Crematory Ashes to Hyannis Mass

Undertaker Lewis Jones & Son

Residence 28 Prospect Av Winthrop

Filed July 30 1904.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

FORM C.

July 30

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 30 1904.

Full Name of Deceased, William Ernest Wood

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married, Widowed or Divorced~~,

Age, 23 Years, 5 Months, 4 Days. Occupation, Clerk

* Residence {If out of town, also state fully.} Ware Way Ave. Winthrop

Place of Death, Ware Way Ave.

Place of Birth, Sidney, New South Wales, Australia

Name and Birthplace of Father, Edward J. Wood London, Eng.

Maiden Name and Birthplace of Mother, Annie M. Brenan, Sidney, N.S.W. Aus.

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on July 30, 1904

Signature and place of business of Undertaker. { Sumner Floyd C.F.T. Winthrop, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Wm E Wood Age, 23 Y. 5 M. 4 D.

Place and Date of Death, died at Ware Way Ave July 30 1904.

Disease or Cause of Death,‡ { Primary, Tuberculosis of Lungs Duration, 3 years

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B H Melcott M. D. Winthrop Mass

Date of Certificate, August 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William E Wood

at Ware Way ave

Date, July 30 1904.

Filed, July 31 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth- [illegible] Penalty for violation not exceeding fifty dollars.

COMMONWEALTH OF MASSACHUSETTS

Framingham
NAME OF TOWN.

RETURN OF A DEATH

FULL NAME Caroline A Stuart Registered No. 111

Place of Death * Framingham Hospital

Date of Death August 1 1904 Age 62 years months days

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †: Caroline Wright

HUSBAND'S NAME †: Amos Stuart

BIRTHPLACE ‡: Naples Me

NAME OF FATHER: Hermon Wright

BIRTHPLACE OF FATHER ‡: Naples Me

MAIDEN NAME OF MOTHER: Elizabeth Richardson

BIRTHPLACE OF MOTHER ‡: Bangor Me

OCCUPATION: At Home

INFORMANT §:

PLACE OF BURIAL OR REMOVAL ‖: Winthrop Mass

DATE OF BURIAL: Aug 2 1904

UNDERTAKER: Wm H Smith

ADDRESS: So Framingham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Railroad Injuries

4 1/2 hours (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) Lewis M Palmer M.D.

Aug 2 1904 (Address) So Framingham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Winthrop Mass How long at Place of Death? 4 1/2 hours Days

Where was disease contracted, If not at place of death? .....

Filed Sept 6 1904 Frank E Hemenway Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Caroline A. Stuart
August 1st 1904

Filed Aug 11th 1904

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF

RETURN OF A DEATH—1904. BOSTO

FULL NAME Arthur D Allen Registered No. 6410

Place of Death and Residence } Boston Carney Hospital

Date of Death Aug 1 1904. Age 29 years 8 months 24 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	married

Maiden Name

Husband's Name

Birthplace Somerville Mass

Name of Father George H

Birthplace of Father Charlestown Mass

Maiden Name of Mother Marion Hauchett

Birthplace of Mother Lexington Mass

Occupation Laundryman

Informant

Place of Burial or removal Cambridge Cem Cambridge

Undertaker John E Rouke

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) } Pul. Embolism 3 min

Contributory: (Duration) } Pleurisy with effusion 17 days

(Signed) W A Thompson M.D.

August 2 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop Mass

Filed August 4 1904.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

Aug 3

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Aug. 3, 1904.

Full Name of Deceased, Dorothy Louisa Mitchell

{If a married or divorced woman or a widow give also} Maiden Name, ——— Name of Husband, ———

Sex, F Color, W Single, ~~Married, Widowed or Divorced~~,

Age, 22 ~~Years~~ Hours, —— ~~Months~~, —— ~~Days~~. Occupation, ———

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, #1 ~~Bowdoin~~ Oakland St. Winthrop

Place of Birth, #1 ~~Bowdoin~~ Oakland St. Winthrop

Name and Birthplace of Father, William G. Mitchell, Winthrop

Maiden Name and Birthplace of Mother, Mamie A. White Portsmouth, Va.

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop

on Aug. 4, 1904.

Signature and place of business of Undertaker. James Floyd, Winthrop Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Dorothy Louisa Mitchell Age, ~~Y.~~ ~~M.~~ ~~D.~~ 22 hours

Place and Date of Death, died at #1 Bowdoin St 190 .

Disease or Cause of Death,‡ Primary, Premature Infant Duration,

Immediate, Inanition Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward F. Gage M. D.
131 Crest Ave

Date of Certificate, Aug 4 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Dorothy L. Mitchell

at 1 Oakland Street

Date, August 3 1904.

Filed, August 5 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Aug 5

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 5" 1904.

Full Name of Deceased, Christina Bliss

If a married or divorced woman or a widow give also — Maiden Name, Christina Ross

Name of Husband, Arthur F. Bliss

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 43 Years, 4 Months, 10 Days. Occupation, —

* Residence (If out of town, also state fully.) Court Road Winthrop Mass

Place of Death, Court Road Winthrop Mass

Place of Birth, Cambridge Mass

Name and Birthplace of Father, Robert Ross, Scotland

Maiden Name and Birthplace of Mother, Katherine Doyle — Ireland

Place of Burial (Give name of Cemetery) Rural Cemetery New Bedford

Dated at Winthrop on August 6" 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Herman St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Christina Bliss Age, 40 Y. 4 M. 10 D.

Place and Date of Death, died at Court Road August 5" 1904

Disease or Cause of Death,‡ Primary, Carsinoma Uteri Duration, 30 months

Immediate, Carsinoma Uteri Duration, 3 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. O. E. Johnson M. D. Winthrop Mass

Date of Certificate, August 6 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Christina Bliss

at Court Road

Date, August 5" 1904.

Filed, August 8" 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

Aug 11

REVERE.
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Charles Oliver Frost Registered No.

Place of Death* #2 Beach Road, Winthrop Date of Death Aug 11 1904

Residence #2 Beach Road Winthrop Age 47 years 10 months 4 days

STATISTICAL DETAILS

SEX Male

COLOR White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

~~MAIDEN NAME~~ †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡ Medford Mass

NAME OF FATHER James O. Frost

BIRTHPLACE OF FATHER ‡ Maine

MAIDEN NAME OF MOTHER Charlott J. McIntosh

BIRTHPLACE OF MOTHER ‡ Boston

OCCUPATION Bookkeeper

INFORMANT § Sister

PLACE OF BURIAL OR REMOVAL ‖ Woodlawn Cemetery

DATE OF BURIAL Aug 14 1904

UNDERTAKER Walter T. White

ADDRESS 368 Broadway Revere

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 28 1904 to Aug. 10th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

(DURATION) one year DAYS

Contributory: ——

(DURATION) DAYS

(Signed) Bernard A. Andrews M.D.

Aug. 13th 1904 (Address) 187 Winthrop Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

~~Aug 13~~ 1904 ~~Chas R. Gaunt~~ Clerk

Aug 29, 1904

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Aug 11th 1904.

Answered 29th 1904

[illegible]
[illegible]
Off Washington Ave

FORM C.

Aug 17

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 17 1904.

Full Name of Deceased, Emma L. Butler

{If a married or divorced woman or a widow give also} Maiden Name, Emma L. Higgins

Name of Husband, Edward F. Butler

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced,~~

Age, 45 Years, 10 Months, 13 Days. Occupation, O

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 22 Washington Avenue

Place of Birth, Provincetown Mass

Name and Birthplace of Father, Haskell P. Higgins = Orleans Mass

Maiden Name and Birthplace of Mother, Susan Sole = Freeport Me

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop on August 18th 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Emma L. Butler Age, 45 Y. 10 M. 13 D.

Place and Date of Death, died at Winthrop August 17th 1904.

Disease or Cause of Death,‡ Primary, Chronic Interstitial Nephritis Duration, 3 yrs

Immediate, Chronic Interstitial Nephritis Duration, 3 yrs

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. J. E. Johnson M. D. Winthrop Mass

Date of Certificate, Aug 19 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Emma C. Butter

at 22 Washington Ave

Date, August 17 1904.

Filed, August 19 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Aug 19

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 19" 1904

Full Name of Deceased, Clarence Belcher

If a married or divorced woman or a widow give also { Maiden Name, ~ ~ ~ / Name of Husband, ~ ~ ~

Sex, M Color, W Single, ~~Married, Widowed or Divorced~~,

Age, ~ Years, ~ Months, 6 Days. Occupation, ~ ~

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 70, Pauline Street

Place of Birth, Winthrop Mass

Name and Birthplace of Father, Arnold L. Belcher (Winthrop)

Maiden Name and Birthplace of Mother, Eliza M. McNeil (Charlottetown P.E.I.)

Place of Burial (Give name of Cemetery), Winthrop Cemetery (Winthrop)

Dated at Winthrop on Aug 30 1904

Signature and place of business of Undertaker. { Sumner Floyd / 18, Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Clarence Belcher Age, ~ Y. ~ M. 6 D.

Place and Date of Death, died at 70 Pauline Street Aug 19" 1904.

Disease or Cause of Death,‡ { Primary, Meningitis Duration, 6 days / Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { N. J. Gould M. D. / Winthrop Mass

Date of Certificate, Sep 1 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Clarence Belcher

at 70 Pauline Street

Date, August 19 190 4.

Filed, August 28 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] statement and certificate shall forth-

Form C.

Aug 20

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 20" 1904

Full Name of Deceased, Fred Hayes

If a married or divorced woman or a widow give also { Maiden Name, (Name of Husband, (}

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 49 Years, Months, Days. Occupation, Salesman

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 77 Somerset Avenue

Place of Birth, Milton N. H.

Name and Birthplace of Father, Lorenzo Hayes - Rochester N. H.

Maiden Name and Birthplace of Mother, Martha Leighton Milton N. H.

Place of Burial (Give name of Cemetery) Rochester Cemetery N. H.

Dated at Winthrop on August 22 1904

Signature and place of business of Undertaker. { Sumner Floyd 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Fred Hayes Age, 49 Y. M. D.

Place and Date of Death, died at 77 Somerset Ave Aug 20 1904.

Disease or Cause of Death,‡ { Primary, Duration,

Immediate, Pulmonary Tuberculosis Duration, 1 yr

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Johnson M. D. Winthrop Mass

Date of Certificate, August 22 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Fred Hayes

at 77 Somerset Avenue

Date, August 20 190 4.

Filed, August 22 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY O

RETURN OF A DEATH—1904. BOSTO

FULL NAME Eliza Heald Registered No. 7019

Place of Death and Residence } Boston Mass. Hom. Hospital

Date of Death Aug 21 1904. Age 70 years 7 months 5 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
female	white	widowed

Maiden Name Stubbs

Husband's Name William Heald

Birthplace Isle of Jersey Gr. B.

Name of Father Thomas

Birthplace of Father England

Maiden Name of Mother Annie Sherwood

Birthplace of Mother England

Occupation none

Informant

Place of Burial or removal Worcester Mass

Undertaker Horace R Crane & Co

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) } Cerebral Embolism 2 weeks & 2 days

Contributory: (Duration) }

(Signed) Wm O Mann M.D.

Aug 21 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 12 Underhill St Winthrop

Filed Aug 24 1904.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

physician's certificate of the cause

FORM C.

Aug 21

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 21st 1904

Full Name of Deceased, Lilly May Harding

{If a married or divorced woman or a widow give also} Maiden Name, —

Name of Husband, —

Sex, F Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 2 Years, 7 Months, 13 Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, Point Shirley (Tafts Avenue Camp)

Place of Birth, East Boston Mass

Name and Birthplace of Father, Ferdinand T. Harding Prospect Me

Maiden Name and Birthplace of Mother, Sybil A. Thesby

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop

on August 22 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Lilly May Harding Age, 2 Y. 7 M. 13 D.

Place and Date of Death, died at Point Shirley Tafts Ave August 21 1904.

Disease or Cause of Death.‡ Primary, Entero-Colitis Duration, 2 wks.

Immediate, Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D.

Winthrop Beach

Date of Certificate, Aug. 22d 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Lilly May Harding

at Hafts Avenue P. Burley

Date, August 21" 190 4.

Filed, August 23" 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] *certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Aug 25

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 25" 1904

Full Name of Deceased, Bernard A. Jackman

{If a married or divorced woman or a widow give also} Maiden Name, —

Name of Husband, —

Sex, M Color, W Single, ~~Married, Widowed or Divorced~~,

Age, — Years, 9 Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 14 North Avenue

Place of Birth, Winthrop Mass

Name and Birthplace of Father, William A. Jackman (Gloucester Mass)

Maiden Name and Birthplace of Mother, Blanche Roberts (Boston Mass)

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop

on August 27 1904

Signature and place of business of Undertaker. Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Bernard A. Jackman Age, — Y. 9 M. — D.

Place and Date of Death, died at Winthrop August 25" 1904

Disease or Cause of Death,‡ Primary, Gastro Enteritis Duration, 4 days

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B L Mitchell M. D.
Winthrop Mass

Date of Certificate, Aug 27th 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Bernard A. Jackman

at 14 North Avenue

Date, August 25 190 4.

Filed, August 29 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

[11-'02-37-LM.]

Permit No. Aug 27 1

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Aug. 27 1904

Name in full, Francis P. McClure

(If a married or divorced woman give maiden name, also name of husband.)

Sex. Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 38 Years, 8 Months, Days. Occupation, At Home

Residence, 12 Coral Ave Winthrop Ward,

Place of Death, 12 Coral Ave "

Place of Birth, Middlebury Vt. Date of Birth, (State year, month and day.) 1866

Name and Birthplace of Father, Edward New York

Maiden Name and Birthplace of Mother, Ann O'Conner Ireland

Place of Interment, Holyhood Cem. Brookline

J. L. Burke
75 Chambers St Boston
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 27 1904.

Name and Age of Deceased, Francis P. McClure Age, 38 years.

Date and Place of Death,* Aug 27 12 Coral Ave Winthrop

Disease { Chief cause,
Contributing cause,

Duration { Chief cause, Aortic Aneurism
Contributing cause, one year

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Thomas J. Dwyer M.D.

* If an institution, state how long an inmate and previous residence.

Francis P. McAlee

Filed Aug 28th 1904

Form C.

Aug 31

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph Manning Sex, Male Color, White

Date of Death, Aug 30 1904; Age, — Years, 7 Months, 29 Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, Wholesale Tobacconist

*Residence, {If out of town, also state fully.} Columbia Cottage, Mermaid St

Place of Birth, Boston, Roxbury Dist

*Place of Death, Winthrop Mass

Name and Birthplace of Father, Joseph P. Ireland

Maiden Name and Birthplace of Mother, Katharine M. O'Donnell, Boston

Place of Interment, (Give name of Cemetery), Holy Hood, Brookline.

Dated at Winthrop Mass

on Aug 31 " 1904.

Signature and place of business of Undertaker. Frank S. Maloney, 123 Maverick St E. B.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joseph Manning Age, — Y. 7 M. 29 D.

Place and Date of Death, died at Winthrop Mass Aug 30 1904.

Disease or Cause of Death,‡ Primary, Pneumonia Duration, 20 day

Secondary, Enteritis Duration, 10 dy

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. 318 Winthrop Mass M. D.

Date of Certificate, 190 .

* Give [illegible] and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

Joseph Manning
Normaid Avenue
~~August 30 1904~~

Date, August 30 1904.

Filed, August 31 1904.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY O

RETURN OF A DEATH—1904. BOSTO

FULL NAME Frederick W. Walsh Registered No. 7406

Place of Death and Residence } Boston, Baptist Hosp. Parker Hill.

Date of Death Sep 4, 1904. Age 46 years months days

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	M

Maiden Name

Husband's Name

Birthplace Rochester, N.Y.

Name of Father Frederick W. Walsh

Birthplace of Father England

Maiden Name of Mother Emma Wignall

Birthplace of Mother England

Occupation Publisher

Informant

Place of Burial or removal Winthrop Cem, Winthrop

Undertaker Sumner Floyd Winthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness from 1904 to 1904 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: (Duration) } Urinary extravasation from ruptured urethia 1 wk

Contributory: (Duration) } Septicaemia - 1 wk

(Signed) O. E. Johnson M.D.

Sep 6 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop, Bartlett Rd

Filed Sep, 8, 1904.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

September 4th 1904
September 5th 1904

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 4 " 1904

Full Name of Deceased, George O. Perkins

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, — Years, — Months, 3 Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, Rear 41 Alamt Street

Place of Birth, " "

Name and Birthplace of Father, George T Perkins (Rhode Island)

Maiden Name and Birthplace of Mother, Jennie Jacobs — Unknown

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop on September 5 1904

Signature and place of business of Undertaker. { Sumner Floyd, 78 Hemod St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† George O. Perkins Age, ... Y. ..... M. 3 D.

Place and Date of Death, died at Winthrop September 4 1904.

Disease or Cause of Death,‡ { Primary, Malformation Duration, ...
Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { [illegible] M. D.
Winthrop Mass

Date of Certificate, September 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Geo O Perkins

at Rear 41 Alment St

Date, Sept 4" 190 4.

Filed, Sept 5" 190 4.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Sept 6

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 6 1904

Full Name of Deceased, Stillborn (Manafo)

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, — Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Shirley Street Winthrop Mass

Place of Death, " " " "

Place of Birth, Winthrop Mass

Name and Birthplace of Father, Antonio Manafo - Italy -

Maiden Name and Birthplace of Mother, Margaritte Chiffa - Italy

Place of Burial (Give name of Cemetery), Winthrop Cemetery - Winthrop

Dated at Winthrop on Sept 7 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Vernon Street, Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Stillborn Age, — Y. — M. — D.

Place and Date of Death, died at Winthrop, Sept. 6 1904.

Disease or Cause of Death,‡ { Primary, Still born. Duration, ...
Immediate, " " Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D.
Shirley St

Date of Certificate, Sept. 7 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Stillborn Infant
(Manafo)

at 125 Shirley Street

Date, September 6th 1904.

Filed, September 7 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 10" 1904.

Full Name of Deceased, Edward Lewis Le Ware

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married, Widowed or Divorced~~, ...

Age, — Years, 2 Months, 6 Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 63 Pauline Street - Winthrop Mass

Place of Birth, " " " " "

Name and Birthplace of Father, Fred C. Le Ware - Richville Vt

Maiden Name and Birthplace of Mother, Victoria Dion - W. Boylston Mass

Place of Burial (Give name of Cemetery) Holy Cross Cemetery - Malden

Dated at Winthrop on September 18 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hermon Street, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward L. Le Ware Age, — Y. 2 M. 6 D.

Place and Date of Death, died at 63 Pauline St. September 10 1904.

Disease or Cause of Death,‡ { Primary, Malnutrition Duration, 2 months

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { N. J. Gould M. D., Winthrop Mass

Date of Certificate, Sep 10 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Edward Penn Le Ware

at 63 Pauline Street

Date, September 10 1904.

Filed, September 10 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF BOSTON

RETURN OF A DEATH—1904.

FULL NAME Arthur M. Lacy Registered No. 7510

Place of Death and Residence: Boston, Children's Hosp.

Date of Death Sep. 11, 1904. Age years 4 months 4 days

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
M	W	S

Maiden Name

Husband's Name

Birthplace: Boston

Name of Father: James Lacy

Birthplace of Father: Brookline

Maiden Name of Mother: Catherine Gilbride

Birthplace of Mother: Boston

Occupation: ------

Informant

Place of Burial or removal: Brookline, Holyhood Cem

Undertaker: James J. O'Day, Brookline

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to --- 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) Atrophy -- 4 mos

Contributory: (Duration)

(Signed) R. S. Rowland M.D.

Sep. 11, 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: Winthrop

Filed Sep. 12, 1904.

A true copy. Attest: E. W. McGlenen

Registrar.

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS.
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

[4-'04-37-I.M.]

Mr. Bardner
Tom Haas

Filed 16

Permit No. .....

RETURN OF DEATH.

~~BOSTON,~~ MASS.

Winthrop

Date of Death, Sept 16th 1904

Name in full, Jennie L. Parker

Jennie L. Brown

(If a married ~~or divorced~~ woman give maiden name, ~~also name of former husband.~~)

Sex, female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 58 Years, ... Months, ... Days. Occupation, none

Residence, Cor. Grove & Temple Ave Winthrop Ward,

Place of Death, Winthrop

Place of Birth, Lowell Me. Date of Birth, March 9 (State year, month and day.)

Name and Birthplace of Father, Brown

Maiden Name and Birthplace of Mother, unknown

Place of Interment, Faust Hills

A. L. Eastman
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept. 16th 1904.

Name and Age of Deceased, Jennie L. Parker Age, 58 years.

Date and Place of Death,* Sept 16th Grover Ave. Winthrop Highlands

Disease { Chief cause, Cancer of the breast.
Contributing cause, General Weakness following operation with probable cancerous infiltration of the lungs

Duration { Chief cause, one to two years.
Contributing cause, five or six months.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, C. H. Cobb M.D.
Hotel Oxford Boston
and Winthrop Highlands

* If an institution, state how long an inmate and previous residence.

September 16" 1904

Filed Sept 18" 1904

[11-'02-37-LM.]

Permit No. Sept 22

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, September 22, 1904.

Name in full, Miriam L Levy Nee

Married

(If a married or divorced woman give maiden name, also name of husband.)

Sex, female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 27 Years, Months, Days. Occupation,

Residence, Revere St Ward,

Place of Death, Winthrop Orlands.

Place of Birth, Boston Mass Date of Birth, (State year, month and day.) October 19th 1877

Name and Birthplace of Father, Judah Levy London Eng

Maiden Name and Birthplace of Mother, Rose Hambro London Eng

Place of Interment, Harmin and West Roxbury Mass

Edward E Roch

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop, Sep. 22d 1904.

Name and Age of Deceased, Miriam Levy Nee Age, 27 years.

Date and Place of Death,* Sep. 22d Revere St., Winthrop

Disease { Chief cause, Pulmonary Oedema
Contributing cause, Mitral Stenosis

Duration { Chief cause, 5 hours.
Contributing cause, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, N. J. Porter M.D.

* If an Institution, state how long an Inmate and previous residence.

Miriam Jeveys Lee
Filed Sept 23 1904

FORM C.

Sept 27

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 24" 1904

Full Name of Deceased, Winifred Floyd Gilmore

If a married or divorced woman or a widow give also { Maiden Name, ~~~~ Name of Husband, ~~~~

Sex, F Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 9 Years, 3 Months, 17 Days. Occupation, ~~~~

* Residence {If out of town, also state fully.} 74 Edwin Street. Dorchester Mass

Place of Death, 17 Cross Street Winthrop Mass

Place of Birth, East Boston Mass

Name and Birthplace of Father, Harry C Gilmore Nova Scotia

Maiden Name and Birthplace of Mother, Ada M. Floyd = Winthrop

Place of Burial (Give name of Cemetery), Winthrop Cemetery = Winthrop Mass

Dated at Winthrop on September 24 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hermon Street, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Winifred F. Gilmore Age, 9 Y. 3 M. 17 D.

Place and Date of Death, died at 17 Cross Street Sept 24 1904

Disease or Cause of Death,‡ { Primary, Typhoid Fever Duration, 7 weeks

Immediate, Duration,

I certify that the above is true to the best of my knowledge ~~and belief~~.

Signature and Residence of Certifying Physician. { D T Mulcahy M. D. Winthrop Mass

Date of Certificate, Sept 25th 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Winfred Floyd Gilmore

at 17 Cross Street Cambridge

Date, September 24 1904.

Filed, September 28 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a*

[4-'04-37-LM.]

Oct 9

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Oct 9 1904

Name in full, Cornelius J. Cleary

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 45 Years, — Months, — Days. Occupation, Police Officer

Residence, # 1 Gay Head St Ward, 22

Place of Death, Cottage Park Road Winthrop Mass (State year, month and day.)

Place of Birth, Boston Mass Date of Birth, 1859

Name and Birthplace of Father, Daniel Cleary Ireland

Maiden Name and Birthplace of Mother, Unknown "

Place of Interment, Mt Calvary

Edward E Roach

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct 9 190 4.

Name and Age of Deceased, Cornelius J. Cleary Age, 45 years.

Date and Place of Death,* Oct 9/04 Cottage Park Road # Winthrop Mass

Disease { Chief cause, Chronic Interstitial Nephritis
Contributing cause, Cerebral Hemorrhage.

Duration { Chief cause, Probably 3 years.
Contributing cause, 16 hours.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis J. Wennerberg M.D. 863 Boylston St.

*If an Institution, state how long an inmate and previous residence.

October 9th 1904

Filed October 13th 1904

Oct 15

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, October 15" 1904

Full Name of Deceased, Edward Higgins

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, ~~Married~~, Wi~~dowed or~~ ~~Divorced~~,

Age, 27 Years, 9 Months, — Days. Occupation, U S Soldier

* Residence {If out of town, also state fully.} Fort Banks - Winthrop Mass

Place of Death, Fort Banks · Winthrop Mass

Place of Birth, Brockton, Mass.

Name and Birthplace of Father, George W. Higgins, Brockton, Mass.

Maiden Name and Birthplace of Mother, Nellie H. Leach, Brockton, Mass.

Place of Burial (Give name of Cemetery), Brockton Mass

Dated at Winthrop on October 15 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward Higgins Age, 27 Y. 9 M. — D.

Place and Date of Death, died at Fort Banks October 15 1904

Disease or Cause of Death.‡ { Primary, Accident Duration, ...

Immediate, Premature explosion of mortar Duration, Instantly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B A Melcaff M. D. Winthrop Mass

Date of Certificate, Oct 16 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Form C.

Oct 16

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, October 15" 1904

Full Name of Deceased, James W. Kelley

If a married or divorced woman or a widow give also { Maiden Name, ~ ~ ~ / Name of Husband, ~ ~ ~

Sex, M Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, 31 Years, 8 Months, ~ Days. Occupation, U. S. Soldier

* Residence {If out of town, also state fully.} Fort Banks Winthrop Mass

Place of Death, Fort Banks Winthrop Mass

Place of Birth, Albany, New York

Name and Birthplace of Father, Not Known

Maiden Name and Birthplace of Mother, Not Known

Place of Burial (Give name of Cemetery), Fort Revere Hull, Mass.

Dated at Winthrop on October 15" 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† James W. Kelley Age, 31 Y. 8 M. ~ D.

Place and Date of Death, died at Fort Banks October 15 1904

Disease or Cause of Death,‡ { Primary, Accident Duration, ~ / Immediate, Premature explosion of Mortar Duration, Instantly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B H Metcalf M. D. / Winthrop, Mass

Date of Certificate, Oct 16 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Oct 15

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, October 15 1904.

Full Name of Deceased, George J. Nevins

If a married or divorced woman or a widow give also { Maiden Name, ——— Name of Husband, ———

Sex, M Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, 40 Years, 9 Months, — Days. Occupation, U. S. Soldier

* Residence {If out of town, also state fully.} Fort Banks Winthrop Mass

Place of Death, Fort Banks Winthrop Mass

Place of Birth, Cork County, Ireland.

Name and Birthplace of Father, Not Known.

Maiden Name and Birthplace of Mother, Not Known.

Place of Burial (Give name of Cemetery), Holy Cross Cemetery, Malden, Mass.

Dated at Winthrop on October 15 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† George J. Nevins Age, 40 Y. 9 M. — D.

Place and Date of Death, died at Fort Banks Oct 15 1904.

Disease or Cause of Death,‡ { Primary, Accident Duration, ———

Immediate, Premature explosion of Mortar Duration, Instantly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B. Mulcahy M. D. Winthrop Mass

Date of Certificate, Oct 16 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a* [illegible] *of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Oct 15

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Julia Stuart Thorp Registered No.

Place of Death* 36 Somerset Avenue Date of Death Oct 15 1904

Residence 36 Somerset Avenue Age 5 years 1 month 6 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Winthrop Mass

NAME OF FATHER: Harry C Thorp

BIRTHPLACE OF FATHER ‡: Wellfleet Mass

MAIDEN NAME OF MOTHER: Sarah Lee

BIRTHPLACE OF MOTHER ‡: Milford Maine

OCCUPATION: —

INFORMANT §: Sumner Floyd

PLACE OF BURIAL OR REMOVAL ‖: Winthrop Cemetery

DATE OF BURIAL: Oct 19th 1904

UNDERTAKER: Sumner Floyd

ADDRESS: Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 3rd 1907 to Oct. 15th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 10 DAYS

Contributory:

(DURATION) DAYS

(Signed) A. B. Dowman M.D.

Oct. 18th 1904 (Address) Winthrop, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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Oct 16

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Maria Putnam Sutter Registered No.

Place of Death * Shirley Point Winthrop

Date of Death Oct 16 1904 Age 63 years 6 months 23 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

MAIDEN NAME †: Maria Putnam

HUSBAND'S NAME †: Horatio G. Sutter

BIRTHPLACE ‡: Fitchburg Mass

NAME OF FATHER: James P. Putnam

BIRTHPLACE OF FATHER ‡: Fitchburg Mass.

MAIDEN NAME OF MOTHER: Abbie S. Lupton

BIRTHPLACE OF MOTHER ‡: Fitchburg Mass.

OCCUPATION: House wife

INFORMANT §: Edwin L. Curtis

PLACE OF BURIAL OR REMOVAL ‖: Pittsfield N.Y.

DATE OF BURIAL: Oct 19 190 4

UNDERTAKER: J. S. Waterman & Son

ADDRESS: Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 7th 1904 to Oct 15th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease

(DURATION) ? ~~DAYS~~

Contributory: Embolism

(DURATION) 8 DAYS

(Signed) A. B. Dorman M.D.

Oct. 16th 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

..... 190 .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Dist 31
(1)

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Hoyes Wyman Registered No.

Place of Death* Bird Street Cor Almont Winthrop Mass

Date of Death October 31st 1904 Age 82 years 1 months 19 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
Female	White	Married

MAIDEN NAME † Mary Hoyes Marsh

HUSBAND'S NAME † George H. Wyman

BIRTHPLACE ‡ Newburyport Mass

NAME OF FATHER Joseph Marsh

BIRTHPLACE OF FATHER ‡ Amherst N. H.

MAIDEN NAME OF MOTHER Elizabeth Hoyes

BIRTHPLACE OF MOTHER ‡ Roxbury Mass

OCCUPATION Housewife

INFORMANT §

PLACE OF BURIAL ~~OR REMOVAL~~ ‖ Winthrop Cemetery

DATE OF BURIAL Nov 2 1904

UNDERTAKER Sumner Floyd

ADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 25th 1904 to Oct 31st 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Mitral Insufficiency.
old age

(DURATION) 30 DAYS

Contributory:

(DURATION) DAYS

(Signed) B H Metcalf M.D.

Nov 1st 1904 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

Oct 16

RETURN OF A DEATH

FULL NAME Maria Putnam Nutter Registered No.

Place of Death* Shirley Point Winthrop

Date of Death Oct 16 1904 Age 63 years 6 months 23 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME†: Maria Putnam

HUSBAND'S NAME†: Horatio G. Nutter

BIRTHPLACE‡: Fitchburg Mass

NAME OF FATHER: James P. Putnam

BIRTHPLACE OF FATHER‡: Fitchburg Mass.

MAIDEN NAME OF MOTHER: Abbie S. Lepton

BIRTHPLACE OF MOTHER‡: Fitchburg Mass.

OCCUPATION: House wife

INFORMANT§: Edwin L. Curtis

PLACE OF BURIAL OR REMOVAL‖: Pittsfield N.Y.

DATE OF BURIAL: Oct 19 1904

UNDERTAKER: J. S. Waterman & Son

ADDRESS: Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 7th 1904 to Oct 15th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease

(DURATION) ? ~~YRS~~

Contributory: Embolism

(DURATION) 8 DAYS

(Signed) A. B. Dorman M.D.

Oct. 16th 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Oct 31
(1)

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Noyes Wyman Registered No.

Place of Death* Bird Street Cor Almont Winthrop Mass

Date of Death October 31st 1904 Age 82 years 1 months 19 days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
Female	White	Married

MAIDEN NAME† Mary Noyes Marsh

HUSBAND'S NAME† George W. Wyman

BIRTHPLACE‡ Newburyport Mass

NAME OF FATHER Joseph Marsh

BIRTHPLACE OF FATHER‡ Amherst N. H.

MAIDEN NAME OF MOTHER Elizabeth Noyes

BIRTHPLACE OF MOTHER‡ Newbury Mass

OCCUPATION Housewife

INFORMANT§

PLACE OF BURIAL ~~OR REMOVAL~~‖ Winthrop Cemetery

DATE OF BURIAL Nov 2 1904

UNDERTAKER Sumner Floyd

ADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 25 1904 to Oct 31 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Mitral Insufficiency. old age (DURATION) 20 DAYS

Contributory: (DURATION) DAYS

(Signed) B. Mulcahy M.D.

Nov 1st 1904 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

Nat. (2)

RETURN OF A DEATH

FULL NAME Ella Willette Floyd Registered No.

Place of Death* Cor. Shirley and Cross Streets Winthrop

Date of Death October 31 1904 Age 17 years 7 months 29 days

STATISTICAL DETAILS

SEX ~~Female~~ | COLOR White | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

~~MAIDEN NAME~~ †

~~HUSBAND'S NAME~~ †

BIRTHPLACE ‡ Winthrop Mass

NAME OF FATHER Ephriam B. Floyd

BIRTHPLACE OF FATHER ‡ Winthrop Mass

MAIDEN NAME OF MOTHER Sarah E. Wyman

BIRTHPLACE OF MOTHER ‡ East Boston

~~OCCUPATION~~

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 18th 1904 to Oct 31st 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Typhoid fever with double Pneumonia (DURATION) 17 DAYS

Contributory: (DURATION) DAYS

(Signed) B J Metcalf M.D.

Nov 1st 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

PLACE OF BURIAL ~~OR REMOVAL~~ ‖ Winthrop Cemetery

DATE OF BURIAL Nov 3 1904

UNDERTAKER Sumner Floyd

ADDRESS Winthrop Mass

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF BOSTON

RETURN OF A DEATH—1904.

FULL NAME Mary E McCarthy Registered No. 9031

Place of Death and Residence } Boston Carney Hospital

Date of Death Nov 2 1904. Age 7 years 6 months 2 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
female	white	single

Maiden Name

Husband's Name

Birthplace Winthrop Mass

Name of Father John J

Birthplace of Father Ireland

Maiden Name of Mother Annie McDade

Birthplace of Mother Ireland

Occupation Schoolgirl

Informant

Place of Burial or removal Holy Cross Malden Mass

Undertaker F S Maloney

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1904 to 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) } Typhoid Fever 1 month 3 days

Contributory: (Duration) }

(Signed) W A Thompson M.D.

Nov 3 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 20 Bowdoin St Winthrop

Filed Nov 5 1904.

A true copy. Attest: E W McGlenen

Registrar

CITY REGISTRAR'S OFFICE
SICUT PATRIBUS, SIT DEUS NOBIS
BOSTONIA
CONDITA A.D.
1630.
CIVITATIS REGIMINE DONATA A.D. 1822.
BOSTON, MASS.

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 9th 1904

Full Name of Deceased, John Collins

{If a married or divorced woman or a widow give also} Maiden Name, ~ ~ ~ ~

Name of Husband, ~ ~ ~

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 67 Years, ~ Months, ~ Days. Occupation, Fish Dealer

* Residence {If out of town, also state fully.} 13 Buchanan Street Winthrop

Place of Death, 13 Buchanan Street Winthrop

Place of Birth, Truro Mass

Name and Birthplace of Father, Jonathan Collins Truro,

Maiden Name and Birthplace of Mother, Emma Coon Unknown

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop on November 11 1904

Signature and place of business of Undertaker. Sumner Floyd 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John Collins Age, 67 Y. ~ M. ~ D.

Place and Date of Death, died at 13 Buchanan Street Nov 9 1904

Disease or Cause of Death,‡ {Primary, Cerebral Hemorrhage Duration, 2 yrs

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B. P. Metcalf M. D.
Winthrop Mass

Date of Certificate, Nov 12 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. ____

RETURN OF THE DEATH

OF

John Collins

at 13 Buchanan Street

Date, November 9" 1904.

Filed, November 12 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

1904

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

NAME OF TOWN.

FULL NAME Tabble, Thomas W. Registered No. 662

Place of Death * Chelsea Frost Hospital

Date of Death November 17, 1904 Age 23 years — months — days

STATISTICAL DETAILS

SEX: M

COLOR: W.

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: England

NAME OF FATHER: unknown

BIRTHPLACE OF FATHER ‡: England

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER ‡: England

OCCUPATION: Harnessmaker

INFORMANT §: Rev H. J. Newton

PLACE OF BURIAL OR REMOVAL ‖: "Woodlawn" Everett

DATE OF BURIAL: Nov. 19, 1904

UNDERTAKER: C. E. A. Hearn

ADDRESS: Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 10, 1904 to Nov. 16, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Appendicitis (DURATION) 6 DAYS

Contributory: (DURATION) DAYS

(Signed) E. F. Gould M.D.

— 190 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Winthrop How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed Nov. 19, 1904 Charles H. Reed Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

1904

Nov 21

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 21" 1904

Full Name of Deceased, Premature Birth

{If a married or divorced woman or a widow give also} Maiden Name, —

Name of Husband, —

Sex, M Color, W ~~Single, Married, Widowed or Divorced,~~

Age, — Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 120 Winthrop Street

Place of Birth, 120 Winthrop Street

Name and Birthplace of Father, George H. Belcher Winthrop

Maiden Name and Birthplace of Mother, Nellie J. Patch Winthrop

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on November 22 1904

Signature and place of business of Undertaker. Sumner Floyd, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† — Belcher Age, Stillborn Y. M. D.

Place and Date of Death, died at ..... 190 .

Disease or Cause of Death,‡ Primary, Still born Duration, ...

Immediate, Premature birth Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Sands, Winthrop M. D.

Date of Certificate, Nov 24 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Carpenter
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Premature Infant Belcher

at 120 Winthrop Street

Date, November 21 1904.

Filed, December 5 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 23" 1904.

Full Name of Deceased, Abagail Burrie George

{If a married or divorced woman or a widow give also} Maiden Name, Abagail Burrie

Name of Husband, Sam L. George

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 78 Years, 6 Months, 20 Days. Occupation, —

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 115 Winthrop Street.

Place of Birth, Chelsea Mass

Name and Birthplace of Father, Ebenezer Burrie - Chelsea

Maiden Name and Birthplace of Mother, Ann Belcher - Chelsea

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop on November 23 1904

Signature and place of business of Undertaker. Sumner Floyd, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Abagail B. George Age, 78 Y. 6 M. 20 D.

Place and Date of Death, died at Winthrop November 2" 1904

Disease or Cause of Death,‡ Primary, Bright's disease Duration, 3 years

Immediate, Heart disease Duration, 3 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Norman J. Soule M. D. Winthrop

Date of Certificate, Nov 2-4 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Abagail B. George

at 115 Winthrop Street

Date, November 22nd 1904.

Filed, November 23 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Nov 27

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 29 " 1904

Full Name of Deceased, William James Barclay

If a married or divorced woman or a widow give also { Maiden Name, ~~~ / Name of Husband, ~~~

Sex, M Color, W. Single, ~~Married, Widowed or Divorced,~~

Age, 27 Years, 4 Months, 21 Days. Occupation, None

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 79 Pauline Street Winthrop Mass

Place of Birth, Winthrop Mass

Name and Birthplace of Father, Peter Barclay = Scotland

Maiden Name and Birthplace of Mother, Margaret Trotter = Scotland

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on November 29 1904

Signature and place of business of Undertaker. { Sumner Floyd / Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† William James Barclay Age, 27 Y. 4 M. 21 D.

Place and Date of Death, died at Winthrop Nov 29 " 1904

Disease or Cause of Death,‡ { Primary, Epilepsy Duration, ____ / Immediate, Epileptic Duration, 4 yr

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { [illegible] M. D. / Winthrop Mass

Date of Certificate, Nov 30 " 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William James Barclay

at 79 Pauline Street

Date, November 29" 1904.

Filed, November 30 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Date of Death, December 1st 1904.

Full Name of Deceased, John H. Deegan.

If a married or divorced woman or a widow give also { Maiden Name, — / Name of Husband, —

Sex, Male Color, White Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, 22 Years, 11 Months, — Days. Occupation, Soldier. Fort Banks

* Residence {If out of town, also state fully.} Fort Banks, Winthrop Mass.

Place of Death, Post Hospital, Fort Banks, Mass.

Place of Birth, Boston, Mass.

Name and Birthplace of Father, John Deegan, Birthplace unknown.

Maiden Name and Birthplace of Mother, Elizabeth Gidney. Birthplace unknown.

Place of Burial (Give name of Cemetery), Government Cemetery, N. River, Hull, Mass.

Dated at H. Banks, Mass

on December 2nd 1904.

Signature and place of business of Undertaker. { Sumner Floyd, Winthrop, Mass, 78 Vernon St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John H. Deegan Age, ... Y. ..... M. ..... D.

Place and Date of Death, died at H. Banks, Mass. Dec. 1st 1904.

Disease or Cause of Death,‡ { Primary, Gun shot wound of abdomen Duration, 3 days

Immediate, Perforation of small intestines Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B. J. Mitcalf M. D., Attending Physician

Date of Certificate, December 2nd 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John H. Deegan

at Fort Banks

Date, December 1st 1904.

Filed, December 5th 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Wells Registered No.

Place of Death* 20 Washington Ave Winthrop Mass

Date of Death Dec 2nd 1904 Age — years — months 1/2 day

STATISTICAL DETAILS

SEX Female | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED X

MAIDEN NAME †

HUSBAND'S NAME † ~~Wells~~

BIRTHPLACE ‡ 20 Washington Ave Winthrop Mass

NAME OF FATHER Reginald S. Wells

BIRTHPLACE OF FATHER ‡ Gedham Mass

MAIDEN NAME OF MOTHER Dorothy E. Lane

BIRTHPLACE OF MOTHER ‡ East Boston Mass

OCCUPATION

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 1st 1904 to Dec 2nd 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

(DURATION) 12 hours DAYS

Contributory:

(DURATION) DAYS

(Signed) B J Medcalf M.D.

Dec 3 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

..... 190.....

Clerk

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery Mass

DATE OF BURIAL Dec 4 1904

UNDERTAKER Chas R. Brunson

ADDRESS Winthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

FILL OUT WITH INK. — THIS IS A PERMANENT RECORD
ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

City of Cambridge

RETURN OF A DEATH

FULL NAME Clara E T Roberts Registered No. 1520

*Place of Death { 350 Charles River Road (Name of Hospital or Institution, if any; No. Street) Cambridge { Date of Death Dec 4 1904

Place of Residence { Winthrop (No. Street; City or Town) Age 54 Years 0 Months 0 Days

STATISTICAL DETAILS

Sex: ~~F~~ Color: W. ~~Single, Married, Widowed or Divorced~~

Maiden Name (If a married or divorced woman or widow): Martin

Husband's Full Name: Albert

Birthplace (City or Town and State or Country): Portsmouth N H

Full Name of Father: William

Birthplace of Father (City or Town and State or Country): Unknown

Maiden Name of Mother: Sarah White

Birthplace of Mother (City or Town and State or Country): Unknown

Occupation: None

Informant's Name (Person giving statistical details): Mrs Torrey

Place of Burial or Removal: Mt Auburn Cemetery Cambridge

Undertaker's Name: Frederick L Briggs Address: 20 Howard St Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 to ..... 190 ; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: { Dangerous Fibroid Tumor of Uterus (Duration) several years

Contributory: { Degeneration Operation (Duration)

(Signed) Albert H Tuttle M. D.

(Address) 350 Charles River Road

*How long at Place of Death? Years ..... Months ..... Days

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents

Received at office of City Clerk Dec 8 1904

Albert M Tear Asst City Clerk

Form C.

Dec 3

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Dec 8th 1904

Full Name of Deceased, Jerusha Lovejoy Gray

If a married or divorced woman or a widow give also: Maiden Name, " " Piper

Name of Husband, Joseph T. Gray

Sex, F Color, W ~~Single,~~ Married, ~~Widowed or Divorced,~~

Age, 74 Years, 1 Months, 18 Days. Occupation, —

* Residence (If out of town, also state fully.) Winthrop Mass

Place of Death, 7 Crystal Cove Avenue

Place of Birth, Morgan Vermont

Name and Birthplace of Father, Nathaniel Piper Unknown

Maiden Name and Birthplace of Mother, Mary Hill Unknown

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on December 7th 1904

Signature and place of business of Undertaker. Sumner Floyd, Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Jerusha Lovejoy Gray Age, 74 Y. 1 M. 18 D.

Place and Date of Death, died at Winthrop Dec 8 1904.

Disease or Cause of Death,‡ Primary, Senility Duration, ____

Immediate, Capillary Bronchitis Duration, 5 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D., Winthrop Mass

Date of Certificate, Dec. 8 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Jerusha L. Gray

at 7 Crystal Cove Avenue

Date, Dec 8th 1904.

Filed, Dec 9 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Form C.

Dec 4

Commonwealth of Massachusetts.

No. 52

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, December 21st 1904

Full Name of Deceased, William Russell Kempton

If a married or divorced woman or a widow give also { Maiden Name, — Name of Husband, —

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, — Years, — Months, 21 Days. Occupation, —

* Residence {If out of town, also state fully.} Marshall Street Winthrop

Place of Death, Marshall Street

Place of Birth, Winthrop Mass

Name and Birthplace of Father, Herbert Kempton (Nova Scotia)

Maiden Name and Birthplace of Mother, Nina Kempton Nova Scotia

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on December 21st 1904

Signature and place of business of Undertaker. { Sumner Floyd, 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† William Russell Kempton Age, — Y. — M. 21 D.

Place and Date of Death, died at Winthrop Marshall St Dec 21 1904.

Disease or Cause of Death,‡ { Primary, Enteritis Duration, 2 days

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { B I Pulcifer M. D. Winthrop Mass

Date of Certificate, Dec 21st 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Russell Kempton

at Winthrop (Marshall St)

Date, December 21st 1904.

Filed, December 28 1904.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Dec 31 '04

74

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Abraham L. Wendell Sex, M. Color, W.

Date of Death, Dec. 31 1904 190 ; Age, 57 Years, 6 Months, 27 Days.

Maiden Name, {If married, widowed or divorced.} Born June 4 1847.

Husband's Name, /

~~Single~~, Married, ~~Widowed or Divorced~~, Occupation, Commission Merchant.

*Residence, {If out of town, also state fully.} 13 Beach Road Winthrop Mass.

Place of Birth, Portsmouth N. H.

*Place of Death, 13 Beach Road Winthrop Mass.

Name and Birthplace of Father, Abraham L. - Portsmouth N. H.

Maiden Name and Birthplace of Mother, Olivia Simms - Portsmouth N. H.

Place of Interment, (Give name of Cemetery), Woodlawn Cemt. Everett Mass.

Dated at Winthrop

on Jan. 2 1905.

Signature and place of business of Undertaker. C. G. Brown. East Boston Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Abraham L. Wendell Age, 57 Y. 6 M. 27 D.

Place and Date of Death, died at #13 Beach Road Winthrop Dec 31 1904

Disease or Cause of Death,‡ Primary, Melancholia and Suicide Duration, One year

Secondary, Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. J. Johnson. M. D. Winthrop Mass

Date of Certificate, Jany 1 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

FORM C.

1905

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 2 1905

Full Name of Deceased, Fred J. Carter

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 54 Years, — Months, — Days. Occupation, Real Estate

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 8, Park Avenue, Cottage Hill

Place of Birth, Belfast Maine

Name and Birthplace of Father, Henry E Carter Montville Maine

Maiden Name and Birthplace of Mother, Elizabeth Peck Belfast Me

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on January 2 1905

Signature and place of business of Undertaker. { Gunnar Floyd, 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Fred J. Carter Age, 50 Y. — M. — D.

Place and Date of Death, died at 8 Park Ave Cot Hill Jan 2 1905

Disease or Cause of Death,‡ { Primary, Cerebral Apoplexy Duration, 24 hours

Immediate, — Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { O. E. Johnson M. D. Winthrop Mass

Date of Certificate, Jany 4 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

No. 2

RETURN OF THE DEATH

OF

Fred J. Carter

at 8 Park Ave (Col Ohio)

Date, January 2" 1905.

Filed, January 5" 1905

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 8th 1905.

Full Name of Deceased, Carrie Louisa Taylor

{If a married or divorced woman or a widow give also} Maiden Name, Carrie Louisa Parsell

Name of Husband, Walter M. Taylor

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 29 Years, 5 Months, 19 Days. Occupation, Housewife

* Residence {If out of town, also state fully.} Winthrop Mass

Place of Death, 85 Woodside Avenue,

Place of Birth, Cincinatti Ohio

Name and Birthplace of Father, John S. Parsell Xenia Ohio

Maiden Name and Birthplace of Mother, Ida F. Potter Portland Me

Place of Burial (Give name of Cemetery), Sleepy Hollow Cemetery Concord Mass

Dated at Winthrop

on January 9 1905

Signature and place of business of Undertaker. Sumner Floyd

18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Carrie Louise Taylor Age, 29 Y. 5 M. 19 D.

Place and Date of Death, died at Winthrop January 8th 1905.

Disease or Cause of Death,‡ Primary, Post partum infection Duration, 34 days

Immediate, Pneumonia Duration, 6 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B I Metcalf M. D.

Winthrop Mass

Date of Certificate, Jan. 9 1905

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner

Agent of Board of Health.

No. 3

RETURN OF THE DEATH

OF

Carrie Louise Taylor

at 85 Woodside Avenue

Date, January 8 1905.

Filed, January 9 1905.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Joseph W. Boynton Registered No.

Place of Death * ~~Jan 9, 1905~~ 50 Cliff Ave Winthrop.

Date of Death Jan 9, 1905 Age 83 years 4 months 15 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Meredith N.H.

NAME OF FATHER: Joseph Boynton

BIRTHPLACE OF FATHER ‡: Meredith N.H.

MAIDEN NAME OF MOTHER: Jane C. Gilman

BIRTHPLACE OF MOTHER ‡: Tamworth N.H.

OCCUPATION: None

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖: Enfield N.H.

DATE OF BURIAL: ..... 190.....

UNDERTAKER: J. Waterman & Sons

ADDRESS: Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 9 1905 to — 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Grippe

(DURATION) 3 DAYS

Contributory: Heart Failure

(DURATION) Intermittent DAYS

(Signed) B. J. Metcalf M.D.

Jan 5 1904 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

..... 190..... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Joseph M. Boyle
Jan 9 1905

$4

UNDERTAKER'S RETURN OF A DEATH.

PUBLIC STATUTES.

The person to whom the permit is so given shall thereafter furnish for registration *any other information as to the deceased or to the manner and cause of the death as the clerk or registrar may require.*

"Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars."

Date of Birth, Aug.25,1821.

Date of Death, Jan.9,1905.

Name, Joseph W.Boynton

Maiden Name,

Name of Husband,

Single, Married or Widowed, Single

Color, White

Age, 83 Years, 4 Months, 15 Days.

Disease or Cause of Death, Heart Failure.

Dr.Metcalf. M. D.

Residence, 50 Cliff Ave,Winthrop Highlands.

Occupation, None

Place of Death, 50 Cliff Ave,Winthrop Highlands (Street and Number.)

Place of Birth, Meredith,N.H. (Town and State.)

Name of Father, Joseph Boynton.

Name of Mother, Jane C.Gilman. (Maiden Name.)

Birthplace of Father, Meredith,N.H. (Country and Town.)

Birthplace of Mother, Tamworth,N.H. (Country and Town.)

Place of Interment, Enfield,N.H.

Please fill out blanks marked with an X and return to

JOSEPH S. WATERMAN & SONS,

Funeral Undertakers,

2326 & 2328 Washington Street, BOSTON, Mass.

TELEPHONE, ROXBURY 73.

[11-'02-37-LM.]

Permit No. ....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, January 10" 1905

Name in full, Samuel Belcher

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 83 Years, — Months, 10 Days. Occupation, None

Residence, Winthrop Mass Ward, —

Place of Death, 85 Shirley Street

Place of Birth, Chelsea Mass Date of Birth, (State year, month and day.) Jan 1" 1822

Name and Birthplace of Father, Samuel Belcher Chelsea Mass

Maiden Name and Birthplace of Mother, Mary H. Whitney — Unknown

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker
18 Sumner Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~ January 11" 1905.

Name and Age of Deceased, Samuel Belcher Age, 83 years.

Date and Place of Death,*

Disease { Chief cause, Apoplexy
Contributing cause, Senility

Duration { Chief cause, 3 weeks
Contributing cause, four years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Sands M.D.

* If an institution, state how long an inmate and previous residence.

Samuel [illegible]

January 10

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Hibbits Sex, Male Color, White

Date of Death, Jan 15th 1905; Age, 33 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced.} ~

Husband's Name, ~

Single, ~~Married, Widowed or Divorced~~, Single Occupation, Laborer

*Residence, {If out of town, also state fully.} #35 Read St.

Place of Birth, Ireland

*Place of Death, #35 Read St. Winthrop, Mass

Name and Birthplace of Father, Michael Ireland

Maiden Name and Birthplace of Mother, Mary Lynch "

Place of Interment, (Give name of Cemetery), Holy Cross, Malden

Dated at Winthrop Mass

on Jan 15th 1905.

Signature and place of business of Undertaker. Frank L. Maloney, 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† James Hibbits Age, 33 Y. ..... M. ..... D.

Place and Date of Death, died at Winthrop Mass Jan 15th 1905.

Disease or Cause of Death,‡ Primary, Pneumonia Duration, 6 days

Secondary, ... Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. A. McCarthy, Winthrop Mass M. D.

Date of Certificate, Jan 22 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas. R. Sandness

Agent of Board of Health.

No. 56

RETURN OF THE DEATH

OF

James O'Hibbits

at 35 Beal Street

Date, Jan 15" 1905.

Filed, Jan 16 1905.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Viola Francis Doane Registered No.

Place of Death* 196 Pleasant St Winthrop Mass

Date of Death Jan 23 1905 Age 1 years 6 months 16 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, ~~OR~~ DIVORCED

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Winthrop Mass

NAME OF FATHER Benjamin S. Doane

BIRTHPLACE OF FATHER ‡ East Boston Mass

MAIDEN NAME OF MOTHER Francis A. Donahue

BIRTHPLACE OF MOTHER ‡ East Boston Mass

OCCUPATION —

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL 1/25 1905

UNDERTAKER G. R. Bennison

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 21st 1905 to Jan 23d 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: acute Gastro-enteritis

(DURATION) 2 DAYS

Contributory:

(DURATION) DAYS

(Signed) B. S. Metcalf M.D.

Jan 24th 1905 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

[11-'02-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON,~~ MASS.

Date of Death, January 24 1905

Name in full, Samuel T. Munroe

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 69 Years, 11 Months, (Days. Occupation, (((

Jan 24 X 9

[11-'02-37-LM.]

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.

Date of Death, January 27th 1905

Name in full, Emma R. Walton

Emma R. Philbrick

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 50 Years, ~~Months~~, ~~Days~~. Occupation, Housewife

Residence, Winthrop Mass ~~Ward~~,

Place of Death, No 7 Moore Street Winthrop Beach ~~(State year, month and day.)~~

Place of Birth, New Sharon Me Date of Birth,

Name and Birthplace of Father, Kimball Philbrick Unknown

Maiden Name and Birthplace of Mother, Bessie Smith - Unknown

Place of Interment, Temporary Deposit Winthrop Re Tomb

Summer Floyd

Undertaker.

18 Sherman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop January 28th 1905.

Name and Age of Deceased, Emma R. Walton Age, 50 years.

Date and Place of Death,* January 27th 1905 - No 7 Moore Street

Disease { Chief cause, Pneumonia
Contributing cause, Valvular Heart Trouble

Duration { Chief cause, 5 days
Contributing cause, 20 yrs

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. M. Mulcahy M.D.

* If an institution, state how long an inmate and previous residence.

Emma R Milton

Jan 27

8 40

June 1st 1842
1905 - 1 -
1842 - 6 - 31
62 - 7 - 5

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Samuel Edward Cowell Sex, M Color, W

Date of Death, January 31st 1895; Age, 62 Years, 8 Months, — Days.

Maiden Name, (If married, widowed or divorced.) — — — —

Husband's Name, — — — —

~~Single,~~ Married, ~~Widowed or Divorced,~~ Occupation, Publisher

*Residence, (If out of town, also state fully.) Winthrop Mass

Place of Birth, New York City N.Y.

*Place of Death, Pleasant Street Winthrop Mass

Name of Father, John Cowell

Birthplace of Father, Wrentham Mass

Maiden name of Mother, Laura Carpenter

Birthplace of Mother, Wrentham Mass

Place of Interment, (Give name of Cemetery), Wrentham Mass

Dated at Winthrop on February 1st 1895 Signature and place of business of Undertaker. Sumner Floyd 18 Hermon St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Samuel E. Cowell Age, 62 Y. 8 M. — D.

Place and Date of Death,‡ died at Winthrop January 31st 1895

Disease or Cause of Death,§ Pneumonia

Duration of sickness, 5 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. J E Johnson M. D. Winthrop Mass.

Date of Certificate, Feby 2 1895.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. 11

RETURN OF THE DEATH

OF

Samuel E. Correll

at 1 Pleasant Street

Date, January 31 1895.

Filed, January 31 1895.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

COMMONWEALTH OF MASSACHUSETTS

Winthrop
(~~CITY~~ OR TOWN.)

RETURN OF A DEATH

FULL NAME Nora Saunty Registered No.

Place of Death* Winthrop Highlands Date of Death Feb 4 1905

Residence 15 Sagamore Ave Age 42 years 9 months 13 days

STATISTICAL DETAILS

SEX: Female
COLOR: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME†: Nora Saunty

HUSBAND'S NAME†: John J. Saunty

BIRTHPLACE‡: Everett Mass

NAME OF FATHER: Thomas Hafferty

BIRTHPLACE OF FATHER‡: Ireland

MAIDEN NAME OF MOTHER: Ann Hardiman

BIRTHPLACE OF MOTHER‡: Ireland

OCCUPATION: House wife

INFORMANT§: Husband
John J. Saunty

PLACE OF BURIAL OR REMOVAL‖: Holy Cross Malden

DATE OF BURIAL: Feb 6 1905

UNDERTAKER: C. E. O'Hearn

ADDRESS: 488 Broadway Chelsea Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ~~Feby 4~~ July 28 1905 to Feby 4 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 8 DAYS

Contributory:

(DURATION) DAYS

(Signed) J. Johnson M.D.

Feby 5 1905 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, February 4" 1905

Name in full, James P. Matthews

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 80 Years, 5 Months, 15 Days. Occupation, Teamster

Residence, Winthrop Mass Ward, —

Place of Death, 167 Winthrop Street

Place of Birth, Sidney Maine Date of Birth, (State year, month and day.) Aug 20" 1824

Name and Birthplace of Father, Ebenezer Matthews – Unknown

Maiden Name and Birthplace of Mother, Rosanna Matthews – Unknown

Place of Interment, Winthrop Cemetery, Winthrop Mass

Sumner Floyd

Undertaker.

18 Hermon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, February 6 1905.

Name and Age of Deceased, James P. Matthews Age, 80 years. 5 Mos

Date and Place of Death,* Feb 4" 1905 – 167 Winthrop Street

Disease { Chief cause, Bronchio-pneumonia

Contributing cause, —

Duration { Chief cause, Five days

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. Johnson M.D.

Winthrop Mass

*If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop. ~~BOSTON~~, MASS.

Date of Death, Feb. 9th 1905

Name in full, William F. Scannell

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 54 Years, 7 Months, ... Days. Occupation, Labor

Residence, 33 Bowdoin St Ward, ..

Place of Death, Winthrop, Mass.

(State year, month and day.)

Place of Birth, East Boston Date of Birth, June 10th, 1850

Name and Birthplace of Father, Michael Scannell, Ireland

Maiden Name and Birthplace of Mother, Mary Caddigan, Ireland

Place of Interment, Old Cambridge

M. J. Kelly

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Feb. 10th 1905.

Name and Age of Deceased, William F. Scannell Age, 54 years. 7 mo

Date and Place of Death,* 33 Bowdoin St Feb. 9th, 1905

Disease { Chief cause, Cirrhosis of Liver

Contributing cause, ...

Duration { Chief cause, 1 year

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H E Bragdon M.D.

Centrality East Boston

*If an institution, state how long an inmate and previous residence.

21

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, February 13" 1905

Name in full, Alexander Shultz

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 64 Years, ... Months, ... Days. Occupation, Building Mover

Residence, 18 Cottage Avenue Ward, ...

Place of Death, 18 Cottage Avenue Winthrop (State year, month and day.)

Place of Birth, Nova Scotia Date of Birth, ...

Name and Birthplace of Father, Frederick Shultz Nova Scotia

Maiden Name and Birthplace of Mother, Jane Blackmer Nova Scotia

Place of Interment, ...

Summer Floyd
Undertaker
18 Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, February 13" 1905.

Name and Age of Deceased, Alexander Shultz Age, 64 years.

Date and Place of Death,* February 13" 1905 - 18 Cottage Avenue

Disease { Chief cause, Chronic Nephritis
Contributing cause, Mitral Regurgitation

Duration { Chief cause, Indefinite
Contributing cause, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

21

Lindley Feb 13

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, February 14" 1905

Name in full, Henry Lewis Marcy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 59 Years, — Months, — Days. Occupation, Real Estate

Residence, Winthrop Mass ~~Ward,~~ —

Place of Death, 10 Trident Avenue

Place of Birth, Portsmouth N.H. Date of Birth, (State year, month and day.)

Name and Birthplace of Father, Lamie Marcy — Portsmouth N.H.

Maiden Name and Birthplace of Mother, Henrietta Priest — Portsmouth N.H.

Place of Interment, Portsmouth N.H.

Sumner Floyd

Undertaker.

18 Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~ February 14" 1905.

Name and Age of Deceased, Henry Lewis Marcy Age, 59 years.

Date and Place of Death,* February 14" 1905 — 10 Trident Avenue

Disease { Chief cause, Apoplexy
Contributing cause, —

Duration { Chief cause, Few moments
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, D. E. Johnson M.D.

Winthrop Mass

* If an institution, state how long an inmate and previous residence.

Torrey
Feb 1

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Feb 16 1905

Name in full, John Cassens

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, W. (White, ~~Black, Mixed, Chinese, Indian~~, etc.) Condition, M. (~~Single~~, Married, ~~Widowed or Divorced~~.)

Age, 68 Years, — Months, — Days. Occupation, ...

Residence, 16 Madison Ave Ward, ...

Place of Death, " " (State year, month and day.)

Place of Birth, Belgem Germany Date of Birth, ...

Name and Birthplace of Father, John Belgem Germany

Maiden Name and Birthplace of Mother, Elizabeth Unknown "

Place of Interment, Holy Cross" Malden

Thos. J. Lane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, ... 190.....

Name and Age of Deceased, John Cassens Age, 68 years.

Date and Place of Death,* 16 Madison ave Feb 16 '05

Disease { Chief cause, Valvular heart disease
Contributing cause, Spastic spinal paralysis

Duration { Chief cause, One week
Contributing cause, 4 yrs

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, R. J. Mitchell M.D.

*If an institution, state how long an inmate and previous residence.

Good Crops

Fields

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, Feb 17 1905

Name in full, Julia S. Doherty Cronin James J

(If a married or divorced woman give maiden name, also name of husband.)

Sex, F Color, ... (White, ~~Black, Mixed, Chinese~~, Indian, etc.) Condition, ... (~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~.)

Age, 46 Years, ... Months, ... Days. Occupation, Housewife

Residence, Sea Foam Ave Ward, ...

Place of Death, Sea Foam Ave (State year, month and day.)

Place of Birth, Charlestown Date of Birth, ...

Name and Birthplace of Father, John Ireland

Maiden Name and Birthplace of Mother, Hannah Murphy Ireland

Place of Interment, Holy Cross Malden

T. Mc Carney Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Feb 7 1905.

Name and Age of Deceased, Julia S. Doherty Age, 46 years.

Date and Place of Death,* Feb 17 Sea Foam Ave

Disease { Chief cause, Lobar Pneumonia

Contributing cause, Pulmonary Oedema

Duration { Chief cause, 10 days

Contributing cause, 2 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, March 3" 1905

Name in full, John Joseph Welch

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 37 Years, 10 Months, 20 Days. Occupation, Laborer

Residence, Banks St - Off Main St ~~Ward,~~

Place of Death, " " " " "

(State year, month and day.)

Place of Birth, Ireland Date of Birth, May 14" 1867

Name and Birthplace of Father, John J. Welch - Ireland

Maiden Name and Birthplace of Mother, Mary Dunn - Ireland

Place of Interment, Holy Cross Cemetery Malden

Sumner Floyd

Undertaker.

18 Vernon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop March 4" 1905.

Name and Age of Deceased, John J. Welch Age, 37-10-20 years.

Date and Place of Death,* March 3" 1905 - Banks Street - Winthrop

Disease: Chief cause, Fracture base of Skull

Contributing cause, Accidental fall down stairs while intoxicated

Duration: Chief cause, Instantaneously

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. Mulcahy M.D. M.D.

* If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, March 5 1905

Name in full, John Edwin Fowler

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 59 Years, — Months, — Days. Occupation, Mailing Supt

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 36 Locust Street (State year, month and day.)

Place of Birth, Boston Mass. Date of Birth, ...

Name and Birthplace of Father, John Fowler — Charlestown

Maiden Name and Birthplace of Mother, Emily Butler — Dixmont Me

Place of Interment, Winthrop Cemetery

Summer Floyd

Undertaker, 18 Vernon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, March 7th 1905.

Name and Age of Deceased, John E Fowler Age, ... years.

Date and Place of Death,* Mar 6 1905

Disease { Chief cause, Anemia
Contributing cause, ...

Duration { Chief cause, 6 months
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H E Fowler M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, March 6" 1905

Name in full, Dennis Murphy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 61 Years, Months, Days. Occupation, Retired

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 40 Locust Street

Place of Birth, Ireland Date of Birth, (State year, month and day.) June 26

Name and Birthplace of Father, Michael Murphy Ireland

Maiden Name and Birthplace of Mother, Julia Murphy Ireland

Place of Interment, Holy Cross, Malden

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, March 6" 1905.

Name and Age of Deceased, Dennis Murphy Age, 61 years.

Date and Place of Death,* March 6" 1905, 40 Locust St. Winthrop, Mass

Disease { Chief cause, Aortic Stenosis.
Contributing cause, " "

Duration { Chief cause, Four or five years
Contributing cause, " " " "

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis J. Weinberg M.D.
863 Boylston St.

* If an institution, state how long an Inmate and previous residence.

21

[11-'02-37-LM.]

Permit No. ....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, March 17 1905

Name in full, Martha A Moody

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 78 Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 134 Pleasant Street

Place of Birth, Portland Me Date of Birth, — (State year, month and day.)

Name and Birthplace of Father, Francis Colley — Nova Scotia

Maiden Name and Birthplace of Mother, Mary Collins — Nova Scotia

Place of Interment, Evergreen Cemetery Portland Me

Sumner Floyd

Undertaker

18 Seman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop March 18 1905.

Name and Age of Deceased, Martha A Moody Age, 78 years.

Date and Place of Death,* March 17 1905 — 134 Pleasant Street

Disease { Chief cause, Cerebral Haemorrhage
Contributing cause, 3 days

Duration { Chief cause, ...
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. H. Metcalf M.D. M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 19 - 1905

Name in full, Annora als. Annie Provo. Robinson

Annora Provo - wife John Robinson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, Black (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 38 Years, 11 Months, ... Days. Occupation, Housework

Residence, 131 Shirley St. Winthrop - Mass - Ward, ...

Place of Death, 131 Shirley St - Winthrop -

Place of Birth, Halifax - N. S. Date of Birth, April — 1866 (State year, month and day.)

Name and Birthplace of Father, Abram Provo - Antigonishe - N. S.

Maiden Name and Birthplace of Mother, Annora Coffield - France

Place of Interment, Cedar Grove.

EWIS JONES & SON,
UNDERTAKERS,
50 La Grange St., Boston,

Lewis Jones & Son
Undertakers.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Mch. 19. 1905.

Name and Age of Deceased, Annora als Annie Provo Robinson Age, 39. years.

Date and Place of Death,* Winthrop, Mass., Mch. 19. 1905

Disease { Chief cause, Epithelioma of Cervix Uteri
Contributing cause, General Debility

Duration { Chief cause, One year
Contributing cause, Three months

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Parker, Winthrop M.D.

* If an institution, state how long an inmate and previous residence.

Mr. Gardner,

Vine Cot.

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 20" 1905

Name in full, Ralph L. Norwood

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 39 Years, 1 Months, 9 Days. Occupation, Dentist

Residence, Winthrop Mass Ward, ...

Place of Death, 123 Winthrop Street

Place of Birth, Union Maine Date of Birth, ... (State year, month and day.)

Name and Birthplace of Father, George Norwood – Camden Me

Maiden Name and Birthplace of Mother, Clara A. Coutter – Union Me

Place of Interment, Woodlawn Cemetery – Everett Mass

Summer Floyd
Undertaker.
18 Vernon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop March 20" 1905 ~~190~~

Name and Age of Deceased, Ralph L. Norwood Age, 39 years.

Date and Place of Death,* March 20" 1905 123 Winthrop Street

Disease { Chief cause, Pulmonary Tuberculosis.
Contributing cause, Asthenia

Duration { Chief cause, One and one half years.
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Percy G. Prime M.D.
28 Saratoga St.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME ..... Registered No. .....

Place of Death* } ..... Date of Death } March 26 1905

Residence ..... Age 43 years 10 months 26 days

STATISTICAL DETAILS

SEX M | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ Halifax N.S.

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ | DATE OF BURIAL Feb. 29 1905

UNDERTAKER | ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 15 1904 to Mch. 26 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pernicious Anemia uncertain

(DURATION) Uncert. DAYS

Contributory: Pulmonary Oedema

(DURATION) 6 DAYS

(Signed) W. J. Potter M.D.

Mch. 27 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

[4-'04-37-LM.]

Permit No. 85

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 26" 1905

Name in full, Stillborn Dunham

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, Years, Months, Days. Occupation, —

Residence, 136 Revere Street Winthrop Ward, —

Place of Death, 136 Revere Street Winthrop

Place of Birth, 136 Revere St Winthrop Date of Birth, March 26" 1905 (State year, month and day.)

Name and Birthplace of Father, Charles M. Dunham - Yarmouth Mass

Maiden Name and Birthplace of Mother, Mary Murray Ireland

Place of Interment, Winthrop Cemetery - Winthrop Mass
Temporary Deposit in Rice Tomb

Summer Floyd Undertaker.
16 Hermon St

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop March 27" 1905.

Name and Age of Deceased, Stillborn (Dunham) Age, — years.

Date and Place of Death,* March 26" 1905 - 136 Revere St.

Disease { Chief cause, Still Born
Contributing cause, — —

Duration { Chief cause, —
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Beaunard A. Andrews M.D.
682 Winthrop Ave
Revere

*If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 30th 1905

Name in full, Mary N. Rogers

Mary N. Burns Edward F. Burns

(If a married or divorced woman give maiden name, also name of husband.)

Sex, F Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 73 Years, 9 Months, 13 Days. Occupation, None

Residence, 34 Crystal Cove St Winthrop Ward, nurs

Place of Death, Do Do

(State year, month and day.)

Place of Birth, Portland, ME Date of Birth, 1831-3-17

Name and Birthplace of Father, James Burns, Portland, ME.

Maiden Name and Birthplace of Mother, Eunice Prudham, Newcastle, N.H.

Place of Interment, Mt Hope Cemetery Boston, Mass

George Hill

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, March 30 1905.

Name and Age of Deceased, Mrs Mary N. Rogers Age, 73 years. 9 m 13 d

Date and Place of Death,* Mar 30 Crystal Cove Ave Winthrop

Disease { Chief cause, Cirrhosis of Liver

Contributing cause, Nephritis

Duration { Chief cause, One to two years or more

Contributing cause, unknown

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edward F. Eage M.D.

* If an institution, state how long an inmate and previous residence.

21

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, April 2" 1905

Name in full, Louisa Ann Haggerston

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 64 Years, 0 Months, 22 Days. Occupation, Housewife

Residence, Shirley Street Point Shirley ~~Ward,~~

Place of Death, " " " "

(State year, month and day.)

Place of Birth, Chelsea Date of Birth, March 11" 1841

Name and Birthplace of Father, Gerry Tewksbury Chelsea

Maiden Name and Birthplace of Mother, Martha Ann Burrill Chelsea

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

18 Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop April 2 1905.

Name and Age of Deceased, Louisa Ann Haggerston Age, 64 years. 21 days

Date and Place of Death,*

Disease { Chief cause, Valvular Disease of Heart.
Contributing cause,

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Irving L. Carpenter M.D.

Winthrop Street

* If an institution, state how long an inmate and previous residence.

21

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah B. Sprague Sex, F Color, W

Date of Death April 1st 1905; Age, 66 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, ~~Married, Widowed or Divorced~~, Occupation, At Home

*Residence, {If out of town, also state fully.} 46 Cottage Pk Road Winthrop

Place of Birth, Nantucket

*Place of Death, 46 Cottage Pk Road Winthrop

Name and Birthplace of Father, Nathaniel A. Folger - Bath Me.

Maiden Name and Birthplace of Mother, Hepsibeth Folger Nantucket

Place of Interment, (Give name of Cemetery), Nantucket

Dated at East Boston on 13 1905

Signature and place of business of Undertaker. E. G. Brown 286 Meridian St E Bo.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Sprague Age, Y. 66 M. ..... D.

Place and Date of Death, died at Cottage Pk. Road Winthrop April 10 1905.

Disease or Cause of Death,‡ Primary, Erysipelas Duration, 6 days.

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Percy S. Rowe M. D. 28 Saratoga St

Date of Certificate, Apr. 11 1905

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. 74

RETURN OF THE DEATH

OF

Sarah E. Sprague

at 46 Cottage Park Rd

Date, April 10th 1905.

Filed, April 17th 1905.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, April 15 1905

Name in full, Marie Gagne

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, Stillborn Infant Days. Occupation, ...

Residence, Winthrop Mass ~~Ward,~~ .....

Place of Death, 30 Read Street

(State year, month and day.)

Place of Birth, 30 Read Street Date of Birth, April 15 1905

Name and Birthplace of Father, Eugene Gagne — Canada

Maiden Name and Birthplace of Mother, Marie Therrien — Canada

Place of Interment, Old Catholic Cemetery — Cambridge Mass

Summer Floyd

Undertaker.

18 Hermon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ April 15 1905.

Name and Age of Deceased, Marie Gagne Age, Stillborn Infant years.

Date and Place of Death,* April 15 1905 — 30 Read Street

Disease { Chief cause, Stillborn

Contributing cause, ...

Duration { Chief cause, ...

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Lowe M.D.

* If an Institution, state how long an inmate and previous residence.

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

(Winthrop) ~~BOSTON,~~ MASS.

Date of Death, April 18" 1905

Name in full, Sophia Knudson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 43 Years, ... Months, ... Days. Occupation, Housewife

Residence, 81, Pauline Street Ward, ...

Place of Death, 81, Pauline Street

Place of Birth, Norway Date of Birth, (State year, month and day.) Feb 3" 1861

Name and Birthplace of Father, Torbyorn Rovenny - Norway

Maiden Name and Birthplace of Mother, Anna M. Askeland - Norway

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

18 Kimball Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

(Winthrop) ~~Boston,~~ April 19" 1905.

Name and Age of Deceased, Sophia Knudson Age, 43 years.

Date and Place of Death,* April 18" 1905 - 81 Pauline Street, Winthrop

Disease { Chief cause, Double Pneumonia

Contributing cause, ...

Duration { Chief cause, Seven days

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, D. C. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

(28) 31 10 10

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, May 4" 1905

Name in full, Jane Hamilton

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 89 Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 11 Prospect Avenue

Place of Birth, Waterboro Me Date of Birth, June 24" 1816 (State year, month and day.)

Name and Birthplace of Father, Joshua Dike, — Waterboro Me

Maiden Name and Birthplace of Mother, Betsey Lord — Waterboro Me

Place of Interment, Waterboro Maine

Sumner Floyd

Undertaker.

18 Hermon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ May 4" 1905.

Name and Age of Deceased, Jane Hamilton Age, 89 years.

Date and Place of Death,* May 5" 1905 — 11 Prospect Avenue

Disease { Chief cause, Apoplexy
Contributing cause, Senility

Duration { Chief cause, Immediate
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

May 4 33

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, May 5 1905

Name in full, Samuel H. Varney

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 54 Years, 1 Months, 10 Days. Occupation, Telegraph Operator

Residence, Cor Beach Road & Hawthorn Avenue ~~Ward,~~

Place of Death, " " " " (State year, month and day.)

Place of Birth, Brunswick Me Date of Birth, ...

Name and Birthplace of Father, James Varney Brunswick Me

Maiden Name and Birthplace of Mother, Elizabeth Wing Brunswick Me

Place of Interment, Winthrop Cemetery

Samuel Floyd

Undertaker, 18 Skinner Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 6 1905.

Name and Age of Deceased, Samuel H. Varney Age, 54 years.

Date and Place of Death,* May 5 1905 Winthrop, Mass.

Disease { Chief cause, Abdominal Carcinoma
Contributing cause, Dropsy

Duration { Chief cause, Indefinite
Contributing cause, Three weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

May 5 34

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, May 11th, 1905.

Name in full, Mary Elizabeth Keen,
Mary Elizabeth Tower - William T. Keen.
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 82 Years, 1 Months, 18 Days. Occupation, Housewife -

Residence, Winthrop, Mass. Ward, ...

Place of Death, 81 Main St, Winthrop, Mass (State year, month and day.)

Place of Birth, Cambridgeport Date of Birth, March 28, 1823

Name and Birthplace of Father, Jonathan Tower, Lincoln, Mass.
Maiden Name and Birthplace of Mother, Mary E. Williams, Cambridgeport, Mass

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Winthrop May 12th 1905.

Name and Age of Deceased, Mary Elizabeth Keen Age, 82 years.

Date and Place of Death,* May 11th 05 81 Main St Winthrop Mass

Disease { Chief cause, Chronic Interstitial Nephritis
Contributing cause, ...

Duration { Chief cause, One year
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. P. Metcalf Winthrop Mass M.D.

*If an institution, state how long an inmate and previous residence.

21

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COMMONWEALTH OF MASSACHUSETTS

Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Jane B. Ryan Registered No.

Place of Death* Pullman St. Date of Death May 23 1905

Residence Pullman St. Winthrop Age 15 years 7 months 16 days

STATISTICAL DETAILS

SEX F. | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ Isadora Me

NAME OF FATHER Edward D. Ryan

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Mary A. Lewarz

BIRTHPLACE OF MOTHER ‡ Brandon Vt

OCCUPATION School Girl

INFORMANT § Mother

PLACE OF BURIAL OR REMOVAL ‖ Holy Cross Malden

DATE OF BURIAL May 26 1905

UNDERTAKER E. R. Benson

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from January 1905 to May 23 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Endocarditis

(DURATION) 30 DAYS

Contributory: Articular Rheumatism

(DURATION) 3 Mo DAYS

(Signed) R. H. Metcalf M.D.

May 23 1905 (Address) 52 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, May 26 1905

Name in full, Charles H. Pattee

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 62 Years, ... Months, ... Days. Occupation, Lawyer

Residence, Winthrop Mass Ward, ...

Place of Death, 25 Buchanan Street

Place of Birth, Charlestown Mass Date of Birth, (State year, month and day.)

Name and Birthplace of Father, Asa H. Pattee – Thornton N. H.

Maiden Name and Birthplace of Mother, Laura B. Warren N. H.

Place of Interment, Arlington Cemetery Arlington Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, May 26, 1905.

Name and Age of Deceased, Charles H. Pattee Age, 62 years.

Date and Place of Death,* May 26 1905 – 25 Buchanan Street

Disease { Chief cause, Chronic Interstitial Nephritis
Contributing cause, Mitral regurgitation

Duration { Chief cause, one year
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

21

37

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Lawrence Alden White Sex, Male Color, White

Date of Death, June 12th 1905; Age, 1 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, —

*Residence, {If out of town, also state fully.} #19 Somerset Ave

Place of Birth, Winthrop Mass

*Place of Death, #19 Somerset Ave Winthrop

Name and Birthplace of Father, Charles A. Amherst N.S.

Maiden Name and Birthplace of Mother, Veronica A. Brady, Boston

Place of Interment, (Give name of Cemetery) Holy Cross Cem Malden

Dated at Winthrop

on June 14th 1905

Signature and place of business of Undertaker. Frank J. Maloney #146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Lawrence Alden White Age, 1 Y. — M. — D.

Place and Date of Death, died at Winthrop June 12 1905.

Disease or Cause of Death,‡ Primary, Broncho-Pneumonia Duration, 3 days

Secondary, Malnutrition Duration, 1 year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D.
Winthrop

Date of Certificate, June 2 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 4 " 1905

Name in full, Kate E. Kempton

Kate E Deffler - Ingraham Kempton

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 40 Years, — Months, — Days. Occupation, Housewife

Residence, 17 Beal Street Ward, —

Place of Death, Annex to 52 Winthrop Street (State year, month and day.)

Place of Birth, Nova Scotia Date of Birth, Sept 11 " 1864

Name and Birthplace of Father, John A. Deffler Nova Scotia

Maiden Name and Birthplace of Mother, Kate Myra Nova Scotia

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

18 Hemar Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop June 5 " 1905.

Name and Age of Deceased, Kate E. Kempton Age, 40 years.

Date and Place of Death,* June 4 " 1905 - Annex to 52 Winthrop Street

Disease { Chief cause, Embolism of Mesenteric Artery

Contributing cause, —

Duration { Chief cause, 4 days

Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, C. E. Johnson. M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 5, 05

Name in full, Joseph Finnegan

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M Color, Wht (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, Years, 6 Months, 14 Days. Occupation, ...

Residence, Rear 26 Sunnyside Ave. Ward, Winthrop

Place of Death, Same

(State year, month and day.)

Place of Birth, Boston. Date of Birth, ...

Name and Birthplace of Father, David A. Boston

Maiden Name and Birthplace of Mother, Mary A. Coughlan "

Place of Interment, New Calvary

E. A. Crosby

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 5 1905.

Name and Age of Deceased, Joseph Finnegan Age, 6 mos ~~years.~~ 14 ds.

Date and Place of Death,* June 5, 05 Rear 26 Sunnyside Ave.

Disease { Chief cause, Pneumonia

Contributing cause, ~~One week~~

Duration { Chief cause, One week

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. H. Metcalf M.D. Winthrop Mass M.D.

* If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.

Date of Death, June 6 1905

Name in full, Nathan E. Pendleton

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 68 Years, 7 Months, 7 Days. Occupation, Shoemaker

Residence, Auburn Maine Ward, —

Place of Death, 77 Pauline Street Winthrop Mass (State year, month and day.)

Place of Birth, Northport Me Date of Birth, Oct 29 1836

Name and Birthplace of Father, Jonathan Pendleton — (England)

Maiden Name and Birthplace of Mother, Eunice Drinkwater — (England)

Place of Interment, Belfast Maine

Sumner Floyd (Undertaker.) Winthrop Mass

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Winthrop Mass June 7 1905.

Name and Age of Deceased, Nathan E. Pendleton Age, 68 y years. 7 mos 7 dys

Date and Place of Death,* June 6, 1905: 1077 Pauline St, Winthrop

Disease { Chief cause, Gastric Hemorrhage.
Contributing cause, Gastric Ulcer

Duration { Chief cause, 2 days
Contributing cause, 2 or 3 months

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, E. C. Johnson M.D. Winthrop Mass

* If an institution, state how long an inmate and previous residence.

[04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, June 8th 1905

Name in full, George H. Wyman

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 81 Years, 11 Months, 18 Days. Occupation, Retired

Residence, Cor Shirley and Crest Sts ~~Ward,~~

Place of Death, " " " " " (State year, month and day.)

Place of Birth, Point Shirley Date of Birth, ...

Name and Birthplace of Father, Elphanz Wyman — Billerica Mass

Maiden Name and Birthplace of Mother, Mary Tenkslry — Den Deland

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop June 9th 1905.

Name and Age of Deceased, George H. Wyman Age, 81 years.

Date and Place of Death,* June 8th 1905 — Cor Shirley and Crest Sts

Disease { Chief cause, Coronary Sclerosis
Contributing cause, ...

Duration { Chief cause, 3 months
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, R. Stone City M.D.

* If an institution, state how long an inmate and previous residence.

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, June 8th 1905

Name in full, Elizabeth Hasson

Elizabeth Hasson — John Hasson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, (Single, Married, Widowed or Divorced.)

Age, 67 Years, 11 Months, 15 Days. Occupation, Housewife

Residence, 10 Fair View ~~St~~ Ward, -

Place of Death, 10 Fair View ~~St~~

(State year, month and day.)

Place of Birth, Ireland Date of Birth,

Name and Birthplace of Father, John Hasson — Ireland

Maiden Name and Birthplace of Mother, Mary Mullen - Ireland

Place of Interment, Holy Cross Malden

M. J. Kelley

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, June 8th 1905.

Name and Age of Deceased, Elizabeth Hasson Age, 67 years.

Date and Place of Death,* June 8th 1905. 10 Fair View Ave

Disease { Chief cause, apoplexy

Contributing cause,

Duration { Chief cause, 5 months

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, R H Metcalf for Winthrop & Winthrop M.D.

* If an Institution, state how long an inmate and previous residence.

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4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

Winthrop, ~~BOSTON~~, MASS.

Date of Death, June 13 1905

Name in full, Job S. Durant

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

COMMONWEALTH OF MASSACHUSETTS

Winthrop (CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Christie A Spillen Registered No. 97

Place of Death* Mitcalf Hospital Date of Death June 11 1905

Residence 292 Washington Ave Chelsea Age 6 years 2 months days

STATISTICAL DETAILS

SEX Female COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† McLean

HUSBAND'S NAME† Charles W Spillen

BIRTHPLACE‡ Sidney Cape Britain

NAME OF FATHER Donald McLean

BIRTHPLACE OF FATHER‡ Scotland

MAIDEN NAME OF MOTHER Christine Campbell

BIRTHPLACE OF MOTHER‡ Scotland

OCCUPATION Housewife

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ Woodlawn Cem Everett

DATE OF BURIAL June 14 1905

UNDERTAKER C H Faunce

ADDRESS Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 4th 1905 to Jan 11th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Compound Fracture of ankle (DURATION) DAYS

Contributory: Tetanus (DURATION) DAYS

(Signed) B. F. Metcalf M.D.

Jan 11th 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 7 days ~~years~~ months days

Where was disease contracted, if not at place of death? Fell from Carriage Jan 4

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

Winthrop
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Christie A Spillen Registered No. 97

Place of Death* Mitcalf Hospital Date of Death June 11 1905

Residence 292 Washington Ave Chelsea Age 62 years months days

STATISTICAL DETAILS

SEX Female COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME† McLean

HUSBAND'S NAME† Charles W Spillen

BIRTHPLACE‡ Sidney Cape Britton

NAME OF FATHER Donald McLean

BIRTHPLACE OF FATHER‡ Scotland

MAIDEN NAME OF MOTHER Christine Campbell

BIRTHPLACE OF MOTHER‡ Scotland

OCCUPATION Housewife

INFORMANT§ Husband

PLACE OF BURIAL OR REMOVAL‖ Woodlawn Cemetery

DATE OF BURIAL June 14 1905

UNDERTAKER C H Faunce

ADDRESS Chelsea

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 4th 1904 to Jan 11th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Compound Fracture of Ankle (DURATION) DAYS

Contributory: Tetanus (DURATION) DAYS

(Signed) B H Metcalf M.D.

Jan 11th 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 7 days ~~years~~ months days

Where was disease contracted, If not at place of death? From from Carriage Jan 4

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

[-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, June 13" 1905

Name in full, Job S. Durant

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 54 Years, ... Months, ... Days. Occupation, Painter

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 20 Pierce Street

(State year, month and day.)

Place of Birth, Dorchester England Date of Birth, ...

Name and Birthplace of Father, Abel Durant (England)

Maiden Name and Birthplace of Mother, Unknown (England)

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, June 13" 1905.

Name and Age of Deceased, Job S. Durant Age, 54 years.

Date and Place of Death,* June 13" 1905 – 20 Pierce Street

Disease { Chief cause, Locomotor ataxia with General Paresis
Contributing cause, ...

Duration { Chief cause, 2 yrs
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. Melcalf Winthrop Mass M.D.

* If an Institution, state how long an inmate and previous residence.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Susie Coleman Mack Registered No. 99

Place of Death * 54 Wheatlow St

Date of Death June 15 1905 Age 36 years — months — days

STATISTICAL DETAILS

SEX Female COLOR W ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR~~ DIVORCED

MAIDEN NAME † Susie Coleman

HUSBAND'S NAME † Patrick E Mack

BIRTHPLACE ‡ Amherst Mass

NAME OF FATHER Mathew Coleman

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Ann Gleason

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION House work

INFORMANT § Husband

PLACE OF BURIAL OR REMOVAL ‖ Holyhood

DATE OF BURIAL ..... 190 ...

UNDERTAKER F J Waterman & Son

ADDRESS 2326 Washington Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 7 1905 to June 15 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Operation on uterus

(DURATION) 7 DAYS

Contributory: Haemorrhage

(DURATION) 2 DAYS

(Signed) B J Metcalf M.D.

June 15 1905 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed

..... 190 .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

45

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, June 23rd 1905

Name in full, Stillborn McCarthy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S. (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, Fathers Grocer

Residence, 41 Main St Ward, ...

Place of Death, 54 Winthrop St

Place of Birth, Winthrop, Mass. Date of Birth, ... (State year, month and day.)

Name and Birthplace of Father, Frank D. McCarthy Boston.

Maiden Name and Birthplace of Mother, Mary C. Donovan East Boston

Place of Interment, East Boston Cemetery

M. J. Kelly

49 Warrick Sqr. E. Boston Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

(Female) Boston, June 23 1905.

Name and Age of Deceased, — — McCarthy Age, ... years.

Date and Place of Death,* 54 Winthrop St Winthrop

Disease { Chief cause, Premature birth

Contributing cause, ...

Duration { Chief cause, Still born

Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. J. McCall Winthrop Mass M.D.

* If an Institution, state how long an Inmate and previous residence.

21

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, June 26" 1905

Name in full, Victor D. Curry

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 37 Years, 10 Months, 4 Days. Occupation, Shipper

Residence, 4, Read Street Winthrop Ward, ——

Place of Death, 4, Read Street Winthrop,

Place of Birth, Windsor N. S. Date of Birth, Aug 22" 1867 (State year, month and day.)

Name and Birthplace of Father, Levi Curry, Falmouth N. S.

Maiden Name and Birthplace of Mother, Mary De Wolf - Cornwallis N. S.

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, June 27" 1905.

Name and Age of Deceased, Victor D. Curry Age, 37 years.

Date and Place of Death,* June 26" 1905 - 4 Read Street, Winthrop

Disease { Chief cause, Acute Lobar Pneumonia.
Contributing cause, Septic Endocarditis Thrombosis.

Duration { Chief cause, Ten days.
Contributing cause, Ten hours.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Frank H. Gilbert M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, June 26" 1905

Name in full, Victor D. Curry

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 37 Years, 10 Months, 4 Days. Occupation, Shipper

Residence, 4, Read Street Winthrop Ward, ——

Place of Death, 4, Read Street Winthrop,

Place of Birth, Windsor N. S. Date of Birth, Aug 22" 1867 (State year, month and day.)

Name and Birthplace of Father, Levi Curry, Falmouth N. S.

Maiden Name and Birthplace of Mother, Mary De Wolf - Cornwallis N. S.

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, June 27" 1905.

Name and Age of Deceased, Victor D. Curry Age, 37 years.

Date and Place of Death,* June 26" 1905 - 4 Read Street, Winthrop

Disease { Chief cause, Acute Lobar Pneumonia.
Contributing cause, Septic Endocarditis Thrombosis.

Duration { Chief cause, Ten days.
Contributing cause, Ten hours.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Frank H. Gilbert M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

Winthrop Mass
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Theodore H Buck Registered No.

Place of Death* 72 Great Ave Date of Death July 11 1905

Residence Chelsea Mass Age 64 years — months 6 days

STATISTICAL DETAILS

SEX Male COLOR White ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Bucksport Me.

NAME OF FATHER David Buck

BIRTHPLACE OF FATHER ‡ Bucksport Me

MAIDEN NAME OF MOTHER Mary Bradley

BIRTHPLACE OF MOTHER ‡ Bucksport Me.

OCCUPATION Lumber Dealer

INFORMANT § Wife

PLACE OF BURIAL OR REMOVAL ‖

DATE OF BURIAL July 14 1905

UNDERTAKER C H Prince

ADDRESS Lewis a

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1903 to July 11 1905 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Paralysis following attack of apoplexy (DURATION) 2 yr. 5 m.

Contributory: Apoplectic attack followed by general paralysis (DURATION) DAYS

(Signed) J B. Fenwick M.D.

July 13 1905 (Address) 181 Chestnut

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed July 13 1905 Sumner Floyd Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

47

July Returns

[4-'04-37-LM.]

Permit No. 49

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, July 25" 1905

Name in full, Minnie Evelyn Sullivan

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, Years, Months, 12 Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, 33 Read Street (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth,

Name and Birthplace of Father, Daniel J. Sullivan South Boston

Maiden Name and Birthplace of Mother, Florence M. Davis - Dorchester

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, July 27" 1905.

Name and Age of Deceased, Minnie Evelyn Sullivan Age, 12 ~~years~~ Days

Date and Place of Death,* July 25" 1905 - 33 Read Street

Disease { Chief cause, Hæmophilia
Contributing cause, Marasmus

Duration { Chief cause, Two days
Contributing cause, Twelve days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, O. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

49

[4-'04-37-L.M.]

Permit No. 50

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, July 25 1905

Name in full, Stillborn Infant (Johnson)

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 54 Winthrop St (Metcalf Hospital) (State year, month and day.)

Place of Birth, Metcalf Hospital Date of Birth, July 25 1905

Name and Birthplace of Father, John T. Johnson Norway

Maiden Name and Birthplace of Mother, Anna T. Strange Norway

Place of Interment, Winthrop Cemetery Winthrop Mass

Undertaker, Sumner Floyd 18 Hemenway Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, July 25 1905.

Name and Age of Deceased, (female.) Johnson Age, — years.

Date and Place of Death,* 54 Winthrop St

Disease { Chief cause, Premature, Stillborn
Contributing cause, not known

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. Metcalf Winthrop M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. 54

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, July 25 "1905

Name in full, Edward Fales

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 72 Years, 6 Months, — Days. Occupation, Inventor

Residence, Winthrop Mass Ward, —

Place of Death, 22 Summit Avenue - Highlands (State year, month and day.)

Place of Birth, Nova Scotia Date of Birth, —

Name and Birthplace of Father, John Fales - Amherst Nova Scotia

Maiden Name and Birthplace of Mother, Elizabeth Irving - England

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop July 27 " 1905.

Name and Age of Deceased, Edward Fales Age, 72 years. 6 mo

Date and Place of Death,* July 25 "1905 - 22 Summit Avenue

Disease { Chief cause, Cancer of Stomach

Contributing cause, 2 yrs

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B I Metcalf M.D.

Winthrop Mass

* If an Institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Lester Winthrop Taylor Registered No.

Place of Death* View Dr. Lue Ave Winthrop Date of Death July 27 1905

Residence " " " Age 1 years 25 months days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Winthrop Mass

NAME OF FATHER: Frederick H. Taylor

BIRTHPLACE OF FATHER ‡: Chelsea Mass

MAIDEN NAME OF MOTHER: Florence E. Thomas

BIRTHPLACE OF MOTHER ‡: Charlestown Mass

OCCUPATION: —

INFORMANT §: Father of Mother

PLACE OF BURIAL OR REMOVAL ‖: Woodlawn Cemetery

DATE OF BURIAL: July 29 1905

UNDERTAKER: C. R. Bennino

ADDRESS: Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 27 1905 to — 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Enteritis

(DURATION) 4 DAYS

Contributory: —

(DURATION) DAYS

(Signed) W. J. Porter M.D.

July 28 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

~~459~~
~~51~~
48

[4-'04-37-LM.]

Permit No. 52

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, July 27" 1905

Name in full, Agnes E. Lavoie

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, 7 Years, 3 Months, 12 Days. Occupation, —

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 7 Oakland Street (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth,

Name and Birthplace of Father, Joseph Lavoie - Canada (Champlain)

Maiden Name and Birthplace of Mother, Mary L. Lavoie - Mass

Place of Interment, Holy Cross Cemetery (Malden)

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ July 28" 1905.

Name and Age of Deceased, Agnes E. Lavoie Age, 7 years. 3m-12

Date and Place of Death,* July 27 - 7 Oakland Street

Disease { Chief cause, Peritonitis
Contributing cause, Pleurisy

Duration { Chief cause, 2 days
Contributing cause, 3 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. 153

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, July 27-05

Name in full, Norman Alvin Pink

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Mall Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, Years, Months, 17 Days. Occupation, —

Residence, 56 Crest Av. Winthrop Mass Ward,

Place of Death, 56 Crest Av Winthrop Mass

Place of Birth, St Elizabeth Hospital Date of Birth, July 10-05 (State year, month and day.)

Name and Birthplace of Father, John Wm Pink Russia

Maiden Name and Birthplace of Mother, Dora Mildreth Pinkofsky Boston

Place of Interment, Beth Israel West Roxbury.

S. Wittenburg

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 27th 1905.

Name and Age of Deceased, Norman Alvin Pink Age, — years. 17 Days

Date and Place of Death,* July 27-05. 56 Crest Av. Winthrop Mass

Disease { Chief cause, Inanition.
Contributing cause,

Duration { Chief cause, 17 days.
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, George S. C. Badger M.D.
483 Beacon St.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-1.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 1st 1905

Name in full, Eileen G. Hennessey

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, — Years, 8 Months, 6 Days. Occupation, —

Residence, New York City N.Y. Ward, —

Place of Death, Winthrop Mass

Place of Birth, New York City Date of Birth, (State year, month and day.) Nov 26th 1904

Name and Birthplace of Father, David C. Hennessey - Liverpool Eng

Maiden Name and Birthplace of Mother, Abbie L. Goddard - Granby Conn

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner & Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, August 2nd 1905.

Name and Age of Deceased, Eileen G Hennessey Age, 8 months ~~years~~. 6 ds

Date and Place of Death,* August 1st 1905 - 106 Shirley Street.

Disease { Chief cause, Intestinal Hemorrhage
Contributing cause, ...

Duration { Chief cause, ...
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, A. B. Dorman M.D.

* If an Institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Edna Moores Registered No.

Place of Death * 37 Fremont Street Winthrop Mass

Date of Death August 2, 1905. Age 0 years 7 months 27 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: female

COLOR: black

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Newburyport, Mass.

NAME OF FATHER: —

BIRTHPLACE OF FATHER ‡: —

MAIDEN NAME OF MOTHER: Sarah J. Moores

BIRTHPLACE OF MOTHER ‡: Lubec, Me.

OCCUPATION

INFORMANT §: State Board of Charity

PLACE OF BURIAL OR REMOVAL ‖: Knollwood Cem, Sharon

DATE OF BURIAL: Aug. 3 1905

UNDERTAKER: J. S. WATERMAN & SONS

ADDRESS: Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 ...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Indigestion & Malassimilation

(DURATION) ? DAYS

Contributory: Bottle fed.

(DURATION) ? DAYS

(Signed) S. M. Crawford M.D.

190 .... (Address) 144 Dudley St. Roxbury

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Aug 4 1905. Sumner Floyd Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

REVERE.

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Dunreath A. Wishman Registered No. 4

Place of Death* Highland Ave. Winthrop Date of Death Aug. 4, 1905

Residence " " " Age — years 2 months 21 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Winthrop

NAME OF FATHER: Charles H. Wishman

BIRTHPLACE OF FATHER ‡: East Boston

MAIDEN NAME OF MOTHER: Mary Trask.

BIRTHPLACE OF MOTHER ‡: East Brookfield

OCCUPATION: —

INFORMANT §: Mother.

PLACE OF BURIAL OR REMOVAL ‖: Arlington

DATE OF BURIAL: August 6, 1905.

UNDERTAKER: A. V. Sanborn

ADDRESS: Revere.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 3 1905 to Aug 5 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Meningitis

(DURATION) 3 DAYS

Contributory: ileo-colitis

one week. (DURATION) DAYS

(Signed) E. M. Jordan M.D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed Aug 4 1905 Sumner Floyd Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 4" 1905

Name in full, Joseph T. Gray

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 79 Years, 4 Months, 8 Days. Occupation, Wood Worker

Residence, Winthrop Mass Ward, ...

Place of Death, 7 Crystal Cove Avenue

Place of Birth, Sheffield Vt. Date of Birth, (State year, month and day.) Mch 27" 1826

Name and Birthplace of Father, James Gray = Sheffield Vt

Maiden Name and Birthplace of Mother, Judith Thomas — Unknown

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, August 4" 1905.

Name and Age of Deceased, Joseph T. Gray Age, 79 years. 4—8

Date and Place of Death,* August 4" 1905 No 7 Crystal Cove Avenue

Disease { Chief cause, Hemiplegia

Contributing cause, Senility

Duration { Chief cause, Two days

Contributing cause, ——

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Dorothy. Dowell Registered No.

Place of Death* 17 Irwin St Winthrop Mass Date of Death Aug 7th 1905

Residence " " " " Age X years 8 months 1 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED X

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Winthrop Mass

NAME OF FATHER Benjamin F. Dowell

BIRTHPLACE OF FATHER ‡ Cambridge Mass

MAIDEN NAME OF MOTHER Gertrude S. Mullen

BIRTHPLACE OF MOTHER ‡ Portland Me

OCCUPATION —

INFORMANT § Mother & Father

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL Aug 9 1905

UNDERTAKER C. R. Bennison

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to Aug 7th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cholera Infantum

(DURATION) 21 DAYS

Contributory:

(DURATION) ..... DAYS

(Signed) Hiram J. Sands M.D.

Aug 8 1905 (Address) 56 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death?

Filed Aug 7th 1905 Summer Floyd Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop Mass
~~BOSTON, MASS.~~

Date of Death, Aug. 8, 1905.

Name in full, William Crofford Allen

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, 77 Years, — Months, 26 Days. Occupation, Retired

Residence, 111 Court Road ~~Ward~~ Winthrop

Place of Death, 111 Court Road

Place of Birth, Emery Mills, Me., Date of Birth, July 13, 1828. (State year, month and day.)

Name and Birthplace of Father, Samuel Allen

Maiden Name and Birthplace of Mother, Abigail Pray

Place of Interment, Pine Grove Cemetery, Lynn, Mass.

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Aug. 8, 1905.

Name and Age of Deceased, William Crofford Allen Age, 77 years.

Date and Place of Death,* Aug. 8, 1905, # 111 Court Road

Disease { Chief cause, Senility
Contributing cause, arterio-sclerosis

Duration { Chief cause, —
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, D. E. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Lester Franklin Dowell Registered No.

Place of Death * 17 Irvin St Winthrop mass

Date of Death Aug 9 1905 Age X years 8 months 3 days

STATISTICAL DETAILS

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ Winthrop Mass

NAME OF FATHER Benjamin H. Dowell

BIRTHPLACE OF FATHER ‡ Cambridge Mass

MAIDEN NAME OF MOTHER Gertrude S. Mullen

BIRTHPLACE OF MOTHER ‡ Portland Me

OCCUPATION —

INFORMANT § Mother & Father

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL Aug 11 1905

UNDERTAKER C. R. Bennett

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190.... to ..... 190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cholera Infantum

(DURATION) ..... DAYS

Contributory:

(DURATION) 21 DAYS

(Signed) H. J. Soule M.D.

Aug 9 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Aug 10 1905 Duncan F. Lloyd Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop
~~BOSTON, MASS.~~

Date of Death, Aug. 9. 1905.

Name in full, Albert Lincoln Arkerson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, 46 Years, 11 Months, 26 Days. Occupation, Cordage Mfgr.

Residence, 182 Winthrop St. Ward, Winthrop

Place of Death, 182 Winthrop St.

Place of Birth, Cambridge Date of Birth, (State year, month and day.) Sept. 14, 1859

Name and Birthplace of Father, Albert Arkerson – Roxbury

Maiden Name and Birthplace of Mother, Augusta Lincoln – Cohasset

Place of Interment, Winthrop Cemetery

Dunnes Floyd
Undertaker

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Aug. 10, 1905.

Name and Age of Deceased, Albert L. Arkerson Age, 46 years.

Date and Place of Death,* Aug. 9, 1905. 182 Winthrop St

Disease { Chief cause, Cerebro Spinal meningitis
Contributing cause, —

Duration { Chief cause, 4 days
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, O. E. Johnson M.D.

* If an Institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop
~~BOSTON~~, MASS.

Date of Death, August 9. 1905.

Name in full, Cordellia S. P. Bugbee
Gilbert D. Bugbee
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 75 Years, 8 Months, 24 Days. Occupation, ——

Residence, 14 Pinckney St. – Boston Ward, 11

Place of Death, 9 Underhill St. Winthrop. Mass. August 9. 1905 (State year, month and day.)

Place of Birth, Vernon. Vermont Date of Birth, November 15 1829

Name and Birthplace of Father, Joel Pratt

Maiden Name and Birthplace of Mother,

Place of Interment, Mt Hope Cemetery

Dunner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Aug 10. 1905.

Name and Age of Deceased, Cordellia S. P. Bugbee Age, 75 years.

Date and Place of Death,* Aug 9. 1905 – 9 Underhill St

Disease { Chief cause, Hemiplegia
Contributing cause, Senility

Duration { Chief cause, Two years.
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop
~~BOSTON, MASS.~~

Date of Death, Aug. 9, 1905.

Name in full, Margaret Macaulay Morrison — Hugh Macaulay
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, 92 Years, 7 Months, 15 Days. Occupation, —

Residence, 144 Shirley St Ward, Winthrop

Place of Death, 144 Shirley St.

Place of Birth, P.E. Island Date of Birth, (State year, month and day.) DEC 25, 1813.

Name and Birthplace of Father, Angus Morrison — Scotland

Maiden Name and Birthplace of Mother, Flora Steele — Scotland

Place of Interment, Calvary Cemetery

Dunnes Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop Aug. 10, 1905.

Name and Age of Deceased, Margaret Macaulay Age, 92 years.

Date and Place of Death,* Aug. 9, 1905 — 144 Shirley St. Win.

Disease { Chief cause, Old Age
Contributing cause, Old Age

Duration { Chief cause, —
Contributing cause, Old Age

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, E. F. Edge M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Milton ~~BOSTON~~, MASS.

Date of Death, August 10" 1905

Name in full, John S. Tenkshury

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 70 Years, 11 Months, 23 Days. Occupation, Farmer

Residence, Winthrop Mass Ward, ——

Place of Death, 125 Pleasant Street

Place of Birth, Chelsea Mass Date of Birth, (State year, month and day.) Aug 18" 1834

Name and Birthplace of Father, Phillips Tenkshury Chelsea Mass

Maiden Name and Birthplace of Mother, Nancy Sturgis Chelsea Mass

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.
18 Hemenway Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop August 11" 1905.

Name and Age of Deceased, John S. Tenkshury Age, 70 years.

Date and Place of Death,* August 10" 1905 - 125 Pleasant Street

Disease { Chief cause, Carcinoma ? Intestines
Contributing cause, Abdominal Haemorrhage

Duration { Chief cause, About Eight weeks
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Percy A Brown M.D.
28 Sargent St

* If an Institution, state how long an inmate and previous residence.

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Margaret Burke Sex, F. Color, W.

Date of Death, Aug. 10 1905; Age, 54 Years, ? Months, ... Days.

Maiden Name, {If married, widowed or divorced.} Lee.

Husband's Name, William

~~Single, Married~~, Widowed ~~or Divorced~~, Occupation, Housework.

*Residence, {If out of town, also state fully.} 12 Atlantic St. Winthrop

Place of Birth, Kingsboro P. E. I.

*Place of Death, 12 Atlantic St. Winthrop

Name and Birthplace of Father, William N. S.

Maiden Name and Birthplace of Mother, Christina Stuart – Scotland

Place of Interment, (Give name of Cemetery), ~~Kingsboro P. E. I.~~ Chelsea East Boston Cem

Dated at Winthrop

on Aug. 11 1905

Signature and place of business of Undertaker. { C. G. Brown, East Boston

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Margaret Burke Age, 54? Y. ..... M. ..... D.

Place and Date of Death, died at 12 Atlantic St Aug 10 1905.

Disease or Cause of Death,‡ { Primary, Dysentery. Duration, 3 days.

Secondary, Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { S. Willard Coy, M. D.
22 Princeton St., E. Boston.

Date of Certificate, Aug. 11, 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Carter
Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

_____ _____

at _____ _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

[4-'04-37-L.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 24th 1905

Name in full, Addie M Lewis

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 65 Years, — Months, — Days. Occupation, Housekeeper

Residence, Winthrop Mass Ward, —

Place of Death, 100 Shirley Street (State year, month and day.)

Place of Birth, Chatham Mass Date of Birth, ...

Name and Birthplace of Father, Isaiah Lewis — Hingham Mass

Maiden Name and Birthplace of Mother, Polly Young

Place of Interment, Chatham Mass

Sumner Floyd
Undertaker.
18 Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, August 25th 1905.

Name and Age of Deceased, Addie M Lewis Age, 65 years.

Date and Place of Death,* August 24

Disease { Chief cause, Cardiac Failure
Contributing cause, Interitis

Duration { Chief cause, one year
Contributing cause, 3 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, G H Metcalf Winthrop Mass M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Eliza Hammond Rowell Registered No.

Place of Death * #9 Hathorn Ave Winthrop Mass.

Date of Death August 30th Age 81 years 1 months 5 days

STATISTICAL DETAILS

SEX F. | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

MAIDEN NAME † Foster.

HUSBAND'S NAME † Henry T. Rowell.

BIRTHPLACE ‡ Boston Mass.

NAME OF FATHER John Foster.

BIRTHPLACE OF FATHER ‡ Not Known.

MAIDEN NAME OF MOTHER Susan D. Preeley.

BIRTHPLACE OF MOTHER ‡ Not Known.

OCCUPATION At Home.

INFORMANT § Mrs. Coffin.
(Daughter) 171 Harvard Ave Allston

PLACE OF BURIAL OR REMOVAL ‖ Mt. Hope. | DATE OF BURIAL ..... 190..

UNDERTAKER John Bryant & Son | ADDRESS 15 Austin St Charlestown

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 24th 1905 to Aug 30 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Infirmities of age

(DURATION) ..... DAYS

Contributory: Diarrhoea

(DURATION) 16 DAYS

(Signed) Willard A Paul M.D.

Aug 30 1905 (Address) 167 Harvard St Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-J.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Sept. 3, 1905

Name in full, Mary Ann Regan

M. A. Doherty. Widow, John.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, F. Color, W. (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 72 Years, ... Months, ... Days. Occupation, ...

Residence, 2 Michigan Ave. Ward, ——

Place of Death, Cutler St. Winthrop

Place of Birth, ... Date of Birth, Apr 24 (State year, month and day.)

Name and Birthplace of Father, Henry Doherty. Ireland.

Maiden Name and Birthplace of Mother, Jane Wood Ireland.

Place of Interment, Calvary Cemetery

B. L. Watson.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 3 1905.

Name and Age of Deceased, Mary Ann Regan Age, 72 years.

Date and Place of Death,* Sept. 3 1905 Cutler St. Winthrop

Disease: Chief cause, Apoplexy

Contributing cause, Senility

Duration: Chief cause, Instantaneous

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, [illegible] M.D.

* If an institution, state how long an inmate and previous residence.

147 Allen Ave

Off Washington Ave

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Ada G. Murdock Registered No.

Place of Death* Metcalf Hospital Winthrop

Date of Death Sept 5 1905 Age 52 years — months 12 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F COLOR W. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME † Hathaway

HUSBAND'S NAME † James

BIRTHPLACE ‡ East Boston Mass

NAME OF FATHER John Hathaway

BIRTHPLACE OF FATHER ‡ Duxbury Mass

MAIDEN NAME OF MOTHER Margery Groves

BIRTHPLACE OF MOTHER ‡ Wiscasset Me.

OCCUPATION Housewife

INFORMANT § F. E. Brown

PLACE OF BURIAL OR REMOVAL ‖ Woodlawn Cemetery

DATE OF BURIAL Sept 8 1905

UNDERTAKER Edwin G. Brown

ADDRESS E. Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Aug 29 1905 to Sept 5 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 3 DAYS

Contributory: Dilatation of Stomach (operation) (DURATION) 6 yrs DAYS

(Signed) B. H. Metcalf M.D.

Sept 5 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Johnson Ave How long at Place of Death? 8 Days

Where was disease contracted, If not at place of death? East Boston

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

*Place of Death,** Winthrop

Disease { *Chief cause,* Bright's Disease
Contributing cause, Old age

Duration { *Chief cause,* —
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter *M.D.*

* If an institution, state how long an inmate and previous residence.

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Sept 10 "1905

Name in full, Frances Ellen Johnson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 68 Years, Months, Days. Occupation, —

Residence, ~~Gardner Maine~~ Winthrop Mass Ward, —

Place of Death, 37 Washington Ave

Place of Birth, Gardner Me Date of Birth, (State year, month and day.)

Name and Birthplace of Father, William Day — Gardner

Maiden Name and Birthplace of Mother, Maggie Vanblam — Brordinham Me

Place of Interment, Gardner Maine

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop September 10 1905.

Name and Age of Deceased, Frances E. Johnson Age, 68 years.

Date and Place of Death,* Sept 10" 1905 — 37 Wash Avenue

Disease { Chief cause, Cancer
Contributing cause,

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, A. B. Downes M.D.

* If an institution, state how long an inmate and previous residence.

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rosella Lappen Sex, Fem. Color, White

Date of Death, Sept. 11th 1905; Age, 1 Years, 4 Months, 14 Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, —

*Residence, {If out of town, also state fully.} 15 Beacon St. Winthrop Mass

Place of Birth, Same

*Place of Death, 15 Beacon St. Winthrop Mass

Name and Birthplace of Father, Henry P. Scotland

Maiden Name and Birthplace of Mother, Catherine E. Kennedy, E. Boston

Place of Interment, (Give name of Cemetery), Holy Cross. Waltham

Dated at Winthrop on 11th Sept. 1905

Signature and place of business of Undertaker. Frank S. Mahoney 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Rosella Lappen Age, 1 Y. 4 M. 14 D.

Place and Date of Death, died at 15 Beacon St. Sept. 11 1905.

Disease or Cause of Death,‡ Primary, Acute Spinal Meningitis Duration, 4 days

Secondary, — Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. W. J. Porter M. D. Winthrop, Mass.

Date of Certificate, Sept. 12 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. ____,

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Sept. 13th 1905

Name in full, John Joseph McLeod.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 28 Years, — Months, 25 Days. Occupation, Clerk

Residence, Medford Mass. Ward,

Place of Death, ~~Beachmont~~ Winthrop Mass Body came ashore at Fort Heath (State year, month and day.)

Place of Birth, Medford Mass Date of Birth, Aug. 19, 1877.

Name and Birthplace of Father, Daniel S. McLeod. Boston Mass

Maiden Name and Birthplace of Mother, Mary McKenna. Ireland.

Place of Interment, St. Marys Cemetery Malden Mass.

Edwd. J. Gaffey Medford Mass.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop Sept. 18th 1905.

Name and Age of Deceased, John J. McLeod Age, 28 years.

Date and Place of Death,* Sept. 13th In water off Beachmont

Disease { Chief cause, Drowning
Contributing cause, Accident

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis A. Harris M.D.
Med. Examiner

* If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, September 17 "1905

Name in full, Emma Gertrude Aiken.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 57 Years, 8 Months, 8 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 77 Winthrop Street

Place of Birth, Charlestown Mass Date of Birth, (State year, month and day.) Jan 9 "1848

Name and Birthplace of Father, Samuel G. Underhill — Chester N. H.

Maiden Name and Birthplace of Mother, Mary A. Dinsmore — Auburn N. H.

Place of Interment, Winthrop Cemetery — Winthrop Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, September 17 1905.

Name and Age of Deceased, Emma Gertrude Aiken Age, 57 years. 8 mos — 8 ds

Date and Place of Death,* September 17 "1905. 77 Winthrop Street

Disease { Chief cause, Endocarditis
Contributing cause, Phlebitis

Duration { Chief cause,
Contributing cause, not known

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. A. Morrison M.D.
80 Princeton St.
East Boston

* If an Institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mary Newcomb Palfray Registered No.

Place of Death* 40 Sargent St Winthrop Mass Date of Death Sept 26th 1905

Residence " " " " Age 62 years 5 months 27 days

STATISTICAL DETAILS

SEX Female

COLOR White

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † Mary. N. Palfray

HUSBAND'S NAME † Benjamin C. Palfray

BIRTHPLACE ‡ Truro Mass Cape Cod

NAME OF FATHER Alkanan Paine

BIRTHPLACE OF FATHER ‡ Truro Mass " "

MAIDEN NAME OF MOTHER Rebecca Rich

BIRTHPLACE OF MOTHER ‡ Truro Mass " "

OCCUPATION House wife

INFORMANT § Husband and Sister

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL 9/28 1905

UNDERTAKER C. R. Brennan

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 26 1905 to Sept 26 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Breast

(DURATION) 14 mos DAYS

Contributory:

(DURATION) DAYS

(Signed) B S Metcalf M.D.

Sept 28 1905 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catharine A. Flanagan Sex, Fem Color, White

Date of Death, Sept 27th 1905; Age, 83 Years, 2 Months, 17 Days.

Maiden Name, {If married, widowed or divorced.} Catharine A. Kenney

Husband's Name, John Flanagan

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, {If out of town, also state fully.} # 25 Highland Ave

Place of Birth, Nova Scotia

*Place of Death, # 25 Highland Ave, Winthrop, Mass.

Name and Birthplace of Father, Thomas Kenney Ireland

Maiden Name and Birthplace of Mother, Julia Welch "

Place of Interment, (Give name of Cemetery), St Augustines Cem So. Boston

Dated at Winthrop

on Sept 28th 1905,

Signature and place of business of Undertaker. Frank A. Maloney, 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Catharine A. Flanagan Age, 83 Y. 2 M. 17 D.

Place and Date of Death, died at # 25 Highland Ave Sept 27th 1905.

Disease or Cause of Death,‡ Primary, Pneumonia Duration, 2 days

Secondary, Angina Pectoris Duration, 8 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Thomas E. Rigott M. D.
42 Quincy Ave.

Date of Certificate, Sept. 29th 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, September 28th 1905

Name in full, Katherine C. Munson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 65 Years, — Months, — Days. Occupation, Dressmaker

Residence, Winthrop Mass ~~Ward,~~

Place of Death, Sturgis Street

Place of Birth, Genessee Valley NY Date of Birth, (State year, month and day.)

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 28 1905.

Name and Age of Deceased, Mrs K. C. Munson Age, 60 + years.

Date and Place of Death,* Sept 28 No 20. Sturgis St Winthrop

Disease { Chief cause, Pulmonary Tuberculosis
Contributing cause, Previous poor health + poor digestion and weak heart

Duration { Chief cause, Pulmonary Tuberculosis 6 months
Contributing cause, Weak heart + digestion 10 years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edward F. Gage M.D.

* If an Institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, October 1st 1905

Name in full, George Edwin Hillberg

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, 2 Years, — Months, 2 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 8 Beal Street

Place of Birth, Winthrop Mass Date of Birth, Sept 28th 1903 (State year, month and day.)

Name and Birthplace of Father, Carl J. Hillberg — Finland

Maiden Name and Birthplace of Mother, Nellie Sheehy — Ireland

Place of Interment, Holy Cross Cemetery, Malden Mass

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop October 1st 1905.

Name and Age of Deceased, George Edwin Hillberg Age, 2 years. 2 ds

Date and Place of Death,* October 1st 1905 - 8 Beal Street

Disease { Chief cause, Infantile Spinal Paralysis.
Contributing cause, —

Duration { Chief cause, Eight Days
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. E. Johnson. M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 3" 1905

Name in full, Elizabeth Mary Murphy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, Years, 2 Months, 12 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 91 Shirley Street

Place of Birth, Winthrop Mass Date of Birth, (State year, month and day.) July 20" 1905

Name and Birthplace of Father, Patrick Thomas — Ireland

Maiden Name and Birthplace of Mother, Annie Murphy — Winthrop

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, October 3" 1905.

Name and Age of Deceased, Elizabeth Mary Murphy Age, — years. 2 Mos 12 Days

Date and Place of Death,* October 3" 1905 — 91 Shirley Street

Disease { Chief cause, Malnutrition
Contributing cause, —

Duration { Chief cause, 2 mos.
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-L.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop, ~~BOSTON~~, MASS.

Date of Death, October 7" 1905

Name in full, Serena E. Giles

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 59 Years, — Months, 2 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 9 Beach Road (State year, month and day.)

Place of Birth, Marlboro Mass Date of Birth, ...

Name and Birthplace of Father, Jamaman H. Russell = Marlboro

Maiden Name and Birthplace of Mother, Serena Rice = Marlboro

Place of Interment, Brigham Cemetery = Marlboro Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, ~~Boston~~, October 1905.

Name and Age of Deceased, Serena E. Giles Age, 59 years. 2 Dz.

Date and Place of Death,* October 7" 1905 — 9 Beach Road Winthrop

Disease { Chief cause, Pneumonia
Contributing cause, General Debility

Duration { Chief cause, Six days
Contributing cause, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

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[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, Oct 10" 1905

Name in full, Theodate S. Fernald

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 82 Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 23 Hutchinson Street (State year, month and day.)

Place of Birth, Alexandria N. H. Date of Birth, ...

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Edson Cemetery Lowell Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, October 10" 1905.

Name and Age of Deceased, Theodate S. Fernald Age, 82 years.

Date and Place of Death,* October 10" 1905. — 23 Hutchinson Street

Disease { Chief cause, Cerebral Haemorrhage
Contributing cause, —

Duration { Chief cause, One week
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H P Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME: Stellar Registered No.

Place of Death*: Metcalf Hospital

Date of Death: Oct 10 1905 Age: — years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	X

MAIDEN NAME †

HUSBAND'S NAME †: —

BIRTHPLACE ‡: —

NAME OF FATHER: Richard Stellar

BIRTHPLACE OF FATHER ‡: Arlington Mass

MAIDEN NAME OF MOTHER: Carrie Lamont

BIRTHPLACE OF MOTHER ‡: Douglastown N.B.

OCCUPATION: —

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Woodlawn Cemetery

DATE OF BURIAL: Oct 16 1905

UNDERTAKER: C. R. Brennan

ADDRESS: Woodlawn Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 10 1905 to ....190...., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born

(DURATION) ....DAYS

Contributory: ....

(DURATION) ....DAYS

(Signed) B. F. Metcalf M.D.

Oct 12 1905 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .... How long at Place of Death? ....Days

Where was disease contracted, If not at place of death? ....

Filed

....190.... ....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME Hazel C. Lynch Registered No.

Place of Death* Short Beach Winthrop Date of Death Oct. 15th 1905

Residence Short Beach Winthrop Age X years 7 months 17 days

STATISTICAL DETAILS

SEX Female | COLOR W. | SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston

NAME OF FATHER Charles F. Lynch.

BIRTHPLACE OF FATHER ‡ Boston

MAIDEN NAME OF MOTHER Florence Boedwan

BIRTHPLACE OF MOTHER ‡ Boston

OCCUPATION Fathers Clerk.

INFORMANT § Charles F. Lynch

PLACE OF BURIAL OR REMOVAL ‖ Holy Cross Malden

DATE OF BURIAL Oct 16 1905

UNDERTAKER James J. Mullen

ADDRESS 76 Causeway St Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 15 1905 to Oct. 16, 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Marasmus

About 8 months (DURATION)

Contributory: Gastro intestinal irritation (DURATION) 2 months

(Signed) Francis H. Magrath M.D.

Oct. 16, 1905 (Address) 112 Main St. Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed

..... 190 .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Dr. Magrum
5-4 Main St

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.
Winthrop

Date of Death, October 19 1905

Name in full, George Turner Young

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 39 Years, Months, Days. Occupation, Grocer

Residence, Winthrop Mass Ward,

Place of Death, 167 or 169 Winthrop Street (State year, month and day.)

Place of Birth, Boston Mass Date of Birth,

Name and Birthplace of Father, John Young - Boston

Maiden Name and Birthplace of Mother, Ann Baker - Canada

Place of Interment, Forest Hills Cemetery

Sumner Floyd
Undertaker.
18 Vernon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, Oct 19th 1905.

Name and Age of Deceased, Geo. Young Age, 39 years.

Date and Place of Death,* Oct. 18th 1905 Winthrop. 167 or 169 Winthrop Street

Disease: Chief cause, Geo: Poisoning

Contributing cause, Accident. ?

Duration: Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis A. Harris M.D.
Med. Examiner

*If an institution, state how long an inmate and previous residence.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Clara L. Herbert Registered No.

Place of Death* 133 Johnson Ave Winthrop Mass

Date of Death Oct 19th 1905 Age 82 years 9 months 10 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Widow

MAIDEN NAME Clara L. Partridge.

HUSBAND'S NAME † Geo. W. Herbert.

BIRTHPLACE ‡ Orland Me

NAME OF FATHER Harry Partridge

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Polly Cook

BIRTHPLACE OF MOTHER ‡ Provincetown Mass

OCCUPATION —

INFORMANT § Daughter

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Bucksport Me	Oct. 19 1905
UNDERTAKER	**ADDRESS**
C. R. Bennison	Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 9th 1905 to Oct. 18th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Bright's Disease

(DURATION) DAYS

Contributory: Old age

(DURATION) DAYS

(Signed) A. B. Dorman M.D.

Oct. 19th 1905 (Address) Winthrop Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

190 ..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

TOWN OF WINTHROP
OFFICE OF THE TOWN CLERK

[4-04-37-I.M.]

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 25" 1905

Name in full, Adele E. Freeman

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 31 Years, 5 Months, Days. Occupation, At home

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 89, Herman Street Winthrop (State year, month and day.)

Place of Birth, Wellfleet Mass Date of Birth,

Name and Birthplace of Father, Melville H. Freeman — Wellfleet

Maiden Name and Birthplace of Mother, Emma L. Higgins — Wellfleet

Place of Interment, Wellfleet Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ October 26" 1905.

Name and Age of Deceased, Adele E. Freeman Age, 31 years. 5 Mos

Date and Place of Death,* October 25" 1905 — 89 Herman Street Winthrop

Disease { Chief cause, asthma
Contributing cause, Cardiac weakness

Duration { Chief cause, since birth.
Contributing cause, 4 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, L. M. Daly M.D.

* If an institution, state how long an inmate and previous residence.

A True Copy Attest:
Carla Vitale
Town Clerk
Date

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 25" 1905

Name in full, Adele E. Freeman

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 31 Years, 5 Months, — Days. Occupation, At home

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 89, Hermon Street Winthrop (State year, month and day.)

Place of Birth, Wellfleet Mass Date of Birth, ...

Name and Birthplace of Father, Melville H. Freeman — Wellfleet

Maiden Name and Birthplace of Mother, Emma C. Higgins — Wellfleet

Place of Interment, Wellfleet Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ October 26" 1905.

Name and Age of Deceased, Adele E. Freeman Age, 31 years. 5 mos

Date and Place of Death,* October 25" 1905 — 89 Hermon Street Winthrop

Disease { Chief cause, asthma
Contributing cause, Cardiac weakness

Duration { Chief cause, since birth.
Contributing cause, 4 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, [illegible] M.D.

* If an Institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 25" 1905

Name in full, Adele E. Freeman

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 31 Years, 5 Months, (Days. Occupation, at home

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 89 Vernon Street Winthrop (State year, month and day.)

Place of Birth, Wellfleet Mass Date of Birth,

Name and Birthplace of Father, Melville N. Freeman — Wellfleet

Maiden Name and Birthplace of Mother, Emma C. Higgins — Wellfleet

Place of Interment, Wellfleet Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ October 26" 1905.

Name and Age of Deceased, Adele E. Freeman Age, 31 years. 5 mos

Date and Place of Death,* October 25" 1905 — 89 Vernon Street Winthrop

Disease { Chief cause, asthma
Contributing cause, Cardiac weakness

Duration { Chief cause, since birth.
Contributing cause, 4 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, L. Metcalf M.D.

* If an Institution, state how long an inmate and previous residence.

86

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Nov. 13, 05.

Name in full, John J. Mannering

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, Wht (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 40 Years, X Months, X Days. Occupation, Soldier.

Residence, 189 Bylston St. J. P. Ward, ...

Place of Death, Fort Banks Winthrop Mass.

(State year, month and day.)

Place of Birth, Ireland. Date of Birth, ...

Name and Birthplace of Father, John Mannering Ireland

Maiden Name and Birthplace of Mother, Catherine Conway "

Place of Interment, Mt Calvary.

F. J. Crosby.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Ft. Banks, Mass 1905.

Name and Age of Deceased, John J. Mannering Age, 40 years.

Date and Place of Death,* Ft. Banks, Mass. Nov. 13, 1905.

Disease { Chief cause, Chronic Parenchymatous Nephritis.

Contributing cause, Acute Exacerbation

Duration { Chief cause, Probably year or two.

Contributing cause, Probable never at home

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Hugh S. Tilley Capt. + Asst Surgeon U.S.A. M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-L.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, November 15" 1905

Name in full, Josiah Fitz 3d

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 74 Years, — Months, 19 Days. Occupation, Hotel Proprietor

Residence, Winthrop Highlands ~~Ward,~~

Place of Death, 48 Grove Avenue (Hotel Argyle) Oct 26" 1831 (State year, month and day.)

Place of Birth, Salem Mass Date of Birth,

Name and Birthplace of Father, Josiah Fitz 2d = Beverly Mass

Maiden Name and Birthplace of Mother, Sarah R. Morgan = Salem Mass

Place of Interment, Pine Grove Cemetery Lynn Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, November 16" 1905.

Name and Age of Deceased, Josiah Fitz 3d Age, 74 years. 21 Days

Date and Place of Death,* November 15" 1905 – Grove Avenue

Disease { Chief cause, Chronic Interstitial Nephritis

Contributing cause,

Duration { Chief cause, 6 mos

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, [illegible] M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, Nov 16 1905

Name in full, Georgianna Pierce

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 75 Years, 6 Months, 13 Days. Occupation, Housewife

Residence, Winthrop Mass ~~Ward~~,

Place of Death, 164 Winthrop Street

Place of Birth, Nova Scotia Date of Birth, May 3 1830 (State year, month and day.)

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Nov. 17 1905

Name and Age of Deceased, Georgianna Pierce Age, 75 years.

Date and Place of Death,* Nov. 16, 1905 164 Winthrop St Winthrop Mass

Disease { Chief cause, Myocarditis & Pulmonary congestion
Contributing cause, Malaria

Duration { Chief cause, Two (2) weeks
Contributing cause, Five (5) weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Henry F. Drewell M.D.
307 Faxon St Qy

* If an Institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 1st 1905

Name in full, George S. Turnbee

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 66 Years, — Months, — Days. Occupation, Salesman

Residence, Winthrop Mass Ward, —

Place of Death, 17 Sargent Street

Place of Birth, Halifax N.S. Date of Birth, (State year, month and day.) Sept 26

Name and Birthplace of Father, George Turnbee – England

Maiden Name and Birthplace of Mother, Mary A. Pettegrew – Halifax N.S.

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, December 1st 1905.

Name and Age of Deceased, George S. Turnbee Age, 66 years.

Date and Place of Death,* December 1st 1905 – 17 Sargent Street

Disease { Chief cause, Pneumonia
Contributing cause, —

Duration { Chief cause, Six days
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. E. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 2" 1905

Name in full, Mehitable K. Newcomb

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 76 Years, 2 Months, 22 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 196 Pleasant Street Or Buchanan St (State year, month and day.)

Place of Birth, Surry Maine Date of Birth, Sept 10" 1829

Name and Birthplace of Father, Hezekiah Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, December 2" 1905.

Name and Age of Deceased, Mehitable K. Newcomb Age, years.

Date and Place of Death,* December 2" 1905 — 196 Pleasant Street

Disease { Chief cause, Senility
Contributing cause, —

Duration { Chief cause, —
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. E. Johnson M.D.

* If an Institution, state how long an inmate and previous residence.

Mehitable Prewogy

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Arthur E. Moreland Registered No. 148

Place of Death* 9 Sagamore Ave.

Date of Death Dec. 9th 1905 Age years 4 months 23 days

STATISTICAL DETAILS

SEX M | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ 9 Sagamore Ave.

NAME OF FATHER Frank E. Moreland

BIRTHPLACE OF FATHER ‡ Liverpool N. S.

MAIDEN NAME OF MOTHER Mary E. Hartly

BIRTHPLACE OF MOTHER ‡ East Boston.

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Winthrop

DATE OF BURIAL Dec 11 190 5

UNDERTAKER E. G. Brown

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ..... that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: Perforation of Bowels Peritonitis

(DURATION) 4 weeks DAYS

Contributory:

(DURATION) DAYS

(Signed) B J Metcalf M.D.

Dec 11 190 5 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190 ..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, December 15 1905

Name in full, Louise Haggerston

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 78 Years, 11 Months, — Days. Occupation, —

Residence, Point Shirley Winthrop Ward, —

Place of Death, " " "

Place of Birth, Charlestown Mass Date of Birth, (State year, month and day.) Jan 15 1827

Name and Birthplace of Father, David Haggerston - Yorkshire England

Maiden Name and Birthplace of Mother, Mary Ann Fawcett - Fitchburg Mass

Place of Interment, Mount Hope Cemetery

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop, December 15 1905.

Name and Age of Deceased, Louisa Haggerston Age, 78 years. 11 mos

Date and Place of Death,* December 15 1905, Point Shirley

Disease { Chief cause, Mitral Stenosis
Contributing cause, Senility

Duration { Chief cause, Died suddenly
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter, Winthrop M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary . Ann McInnis Registered No.

Place of Death* McLeans Hospital Waltham Mass

Date of Death December . 17, 1905 Age 36 years 3 months X days

STATISTICAL DETAILS

SEX Female | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Cape Breton Leitches Creek N. S.

NAME OF FATHER Angus . McInnis

BIRTHPLACE OF FATHER ‡ Scotland

MAIDEN NAME OF MOTHER Marguerite McDonald

BIRTHPLACE OF MOTHER ‡ Cape Breton Leitches Creek N. S.

OCCUPATION Housekeeper

INFORMANT § Employer

PLACE OF BURIAL OR REMOVAL ‖ Leitches Creek N. S.

DATE OF BURIAL ..... 190.....

UNDERTAKER C. R. Bennett

ADDRESS Waltham Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190..... to ..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pelvic abscess

(DURATION) 4 wks DAYS

Contributory: Ulceration

(DURATION) 2 DAYS

(Signed) B. Mitchell M.D.

Dec 19 190 5 (Address) Waltham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Shirley St. How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death? Not known

Filed

..... 190..... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 18" 1905

Name in full, Elizabeth Ada Symonds

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 46 Years, — Months, — Days. Occupation, Housekeeper

Residence, Winthrop Mass Ward, ...

Place of Death, 7 Belcher Street

Place of Birth, Nova Scotia Date of Birth, (State year, month and day.) January 16" 190

Name and Birthplace of Father, Unknown Nova Scotia

Maiden Name and Birthplace of Mother, Unknown Nova Scotia

Place of Interment, Milford Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop, Dec 19 " 1905.

Name and Age of Deceased, Elizabeth Ada Symonds Age, 46 years.

Date and Place of Death,* December 18" 1905 — 7 Belcher Street

Disease { Chief cause, Heart Disease
Contributing cause, —

Duration { Chief cause, Half hour
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, F. E. Johnson M.D.
Winthrop Mass

*If an institution, state how long an inmate and previous residence.

21

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, December 28th 1905

Name in full, Melintha C. Studley

(If a married or divorced woman give maiden name, also name of husband.)

Sex, [illegible] Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 87 Years, Months, 18 Days. Occupation, —

Residence, 5 Park Avenue Winthrop Mass Ward, —

Place of Death, " " " " (State year, month and day.)

Place of Birth, South Yarmouth Date of Birth, ...

Name and Birthplace of Father, Abraham Crowell

Maiden Name and Birthplace of Mother, Charlotte Berry Yarmouth Mass

Place of Interment, West Dennis Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, December 28 " 1905.

Name and Age of Deceased, Melintha C. Studley Age, 87 years. 2 mo 18 da.

Date and Place of Death,* December 28 1905 5 Park Avenue

Disease { Chief cause, Pneumonia
Contributing cause, Senility

Duration { Chief cause, Three days.
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter, Winthrop M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Dec 29/05

Name in full, James A. Gribbon

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, W. (White, ~~Black, Mixed, Chinese, Indian, etc.~~) Condition, S (Single, ~~Married, Widowed or Divorced.~~)

Age, 45 Years, — Months, — Days. Occupation, None

Residence, 61 Somerset Ave Winthrop ~~Ward~~,

Place of Death, Winthrop

(State year, month and day.)

Place of Birth, Ohio "Dead" Date of Birth,

Name and Birthplace of Father, James Ireland

Maiden Name and Birthplace of Mother, Anna Milne Scotland

Place of Interment, St Peters Cem. Hudson City New Jersey

Thos. J. Dane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 29 1905.

Name and Age of Deceased, James A Gribbon Age, 45 years.

Date and Place of Death,* 61 Somerset ave

Disease { Chief cause, Locomotor ataxia Insanity

Contributing cause,

Duration { Chief cause, 2 Years

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, C. J. McCall Winthrop Mass M.D.

* If an institution, state how long an inmate and previous residence.

21

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Francis J. Jose Registered No.

Place of Death* Irwin St Winthrop Mass Date of Death Dec 20 1905

Residence Waltham Mass Age 54 years 10 months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~
Female	W	

MAIDEN NAME† Francis J Martin

HUSBAND'S NAME† Albion K. P. Jose

BIRTHPLACE‡ Boston Mass

NAME OF FATHER John Mart.

BIRTHPLACE OF FATHER‡ Boston Mass

MAIDEN NAME OF MOTHER Catherine ——

BIRTHPLACE OF MOTHER‡ Boston Mass

OCCUPATION Mille...

INFORMANT§ Mrs Emery (Daughter)

PLACE OF BURIAL OR ~~REMOVAL~~‖	DATE OF BURIAL
Mt Feake Cemetery Waltham	Jany 2 1905
UNDERTAKER	**ADDRESS**
George W. Lobon	Waltham Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept. 15 1905 to Dec. 20 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Diabetes

Indefinite (DURATION) DAYS

Contributory: Mitral Regurgitation

Indefinite (DURATION) DAYS

(Signed) W. J. Porter M.D.

Jan. 1 1906 (Address) Winthrop.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Julia Buckley Sex, Fem Color, White

Date of Death, Dec 30th 1905; Age, 37 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced.} Julia Donovan

Husband's Name, Daniel F. Buckley

Single, Married, Widowed or Divorced, Married Occupation, Domestic

*Residence, {If out of town, also state fully.} Rear #80 Winthrop St.

Place of Birth, Ireland

*Place of Death, Winthrop, Mass.

Name and Birthplace of Father, Cornelius Donovan Ireland

Maiden Name and Birthplace of Mother, Fanny "

Place of Interment, (Give name of Cemetery), Holy Cross Cem. Malden

Dated at Winthrop Mass

on Dec 30th 1905

Signature and place of business of Undertaker. Frank F. Malaney, 146 Winthrop St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Julia Buckley Age, 37 Y. ..... M. ..... D.

Place and Date of Death, died at 80 Winthrop St Rear Dec 30 190 5.

Disease or Cause of Death,‡ Primary, Phthisis Duration, 2 yrs

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E J Bedell M. D. Winthrop Mass

Date of Certificate, ... 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190____.

Filed, _____ 190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catherine A. Hunter Sex, Fem Color, White

Date of Death, Jan 1st 1906; Age, 37 Years, 4 Months, — Days.

Maiden Name, {If married, widowed or divorced.} Catherine A. Sullivan

Husband's Name, John F. Hunter

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, {If out of town, also state fully.} *91 Thirley St.

Place of Birth, Grand Tracadie P. E. I.

*Place of Death, Winthrop, Mass.

Name and Birthplace of Father, Fred Sullivan P. E. I.

Maiden Name and Birthplace of Mother, Mary A. McCauley " " "

Place of Interment, (Give name of Cemetery), Holy Cross Cem. Malden

Dated at Winthrop on Jan 2nd 1906

Signature and place of business of Undertaker. Frank J. Malone *146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Catharine A. Hunter Age, 37 Y. 4 M. D.

Place and Date of Death, died at 91 Shirley St on 1st 1906.

Disease or Cause of Death,‡ Primary, Multiple Neuritis Duration, 5 Months

Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. R. H. McCall M. D.
Winthrop

Date of Certificate, 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 1

RETURN OF THE DEATH

OF

Catherine A. Hunter

at

Date, Jan. 1 190 6.

Filed, 190.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, January 5 1906

Name in full, Mary E. Keith

Samuel N. Keith

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 55 Years, 1 Months, 9 Days. Occupation, ——

Residence, Winthrop Highlands ~~Ward,~~

Place of Death, 33 Temple Avenue

Nov 27 1850 (State year, month and day.)

Place of Birth, Grafton Mass Date of Birth,

Name and Birthplace of Father, Joseph B. Adams Grafton Mass

Maiden Name and Birthplace of Mother, Ann Dresser Pomfret Connecticut

Place of Interment, Grafton Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Jany. 5, 1906.

Name and Age of Deceased, Mary E. Keith Age, 55 years.

Date and Place of Death,* Jany. 5/06. Winthrop Mass.

Disease { Chief cause, Cerebral Haemorrhage

Contributing cause,

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Thomas E. Rigott M.D.

* If an institution, state how long an inmate and previous residence.

21

Jan. 3

Mary E. Keith

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME John L MacKay Registered No. 120

Place of Death and Residence: Boston Mass General Hospital

Date of Death Jan 5 1906. Age 41 years 5 months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	married

Maiden Name

Husband's Name

Birthplace: Lake Ainslie N S

Name of Father: Hector

Birthplace of Father: Scotland

Maiden Name of Mother: Margaret Campbell

Birthplace of Mother: Scotland

Occupation: Builder

Informant

Place of Burial or removal: Woodlawn Everett

Undertaker: Lewis Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): Gen Peritonitis 3 days

Contributory (Duration): Acute Appendicitis 6 days

(Signed) N H Clark M.D.

Jan 6 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: 18 Pleasant St Winthrop Mas

Filed Jan 8 1906.

A true copy. Attest: E W McGlenen

Registrar.

THE REGISTRAR'S OFFICE BOSTON MASS. SIGILLUM PATRIBUS, SIT DEUS ADJUTOR NOSTRIS. REGIMINE CONDITA 1630. CONDITA A. D. 1822. CITATIS REGIMINE DONATA A. D. 1822.

Jan. 1900

Thos. L. Mackay

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

City of Newton

FULL NAME Florence Paul Grant Registered No.

Place of Death* Fort Banks, Winthrop, Mass

Date of Death January 6, 1906 Age 36 years months days

STATISTICAL DETAILS

SEX F | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED M

MAIDEN NAME† Florence H. Paul

HUSBAND'S NAME† Homer B. Grant

BIRTHPLACE‡ Newton Centre, Mass.

NAME OF FATHER Luther Paul

BIRTHPLACE OF FATHER‡ Newton Centre, Mass

MAIDEN NAME OF MOTHER Ellen D. Briggs

BIRTHPLACE OF MOTHER‡ Leicester, Mass

OCCUPATION Housewife

INFORMANT§ Luther F. Paul 657 Boylston St. Bos.

PLACE OF BURIAL OR REMOVAL‖ Newton Cem.

DATE OF BURIAL Jan 9th 1906

UNDERTAKER E. W. Pratt

ADDRESS Newton Centre

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 5 1906 to Jan 6 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Apoplexy

(DURATION) 1 DAYS

Contributory: Unknown

(DURATION) DAYS

(Signed) Henry P. Walker M.D.

Jan 6 1906 (Address) Fort Banks, Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190

City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Medical Examiners in case of a person of supposed death by violence must certify to City Clerk name and residence, if known, otherwise a description of such person, as full as may be, with cause and manner of death. Revised Laws, Chap. 24, Sect. 8.

DESCRIPTION.

Nationality ..... Sex ..... Age .....

Height ..... Weight ..... Complexion .....

Hair ..... Eyes ..... Nose ..... Face .....

Teeth ..... Clothing, etc. .....

.....

Physicians and Undertakers must furnish information required by the City Clerk. Revised Laws, Chap. 78, Sect. 38.

Cremation is not allowed within forty-eight hours after death, unless in case of contagious or infectious disease, nor in any event without proper medical certificate and permit from Board of Health. Revised Laws, Chap. 78, Sect. 38.

Burial or Removal of a human body without permit of the Board of Health is unlawful, and such permit cannot issue until all facts required are furnished. Revised Laws, Chap. 78, Sect. 39.

No person in charge of a CEMETERY or BURIAL GROUND shall allow a human body to be buried therein, or such body or ashes thereof to be removed without permit, nor the ashes of a human body to be buried without permit and certificate of Medical Examiner prerequisite to cremation. Revised Laws, Chap. 78, Sect. 40.

No **Undertaker** shall bury the ashes of a human body without a certificate from the person in charge of the Crematory that the burial permit and certificate of the Medical Examiner has been duly presented. Revised Laws, Chap. 78, Sect. 41.

A PHYSICIAN shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an Undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, and the date of his death. Revised Laws, Chap. 29, Sect. 10.

No common carrier or other person shall convey or cause to be conveyed, through or from any city or town in this Commonwealth, the body of any person who has died of small pox, scarlet fever, diphtheria or typhus fever until such body has been so encased and prepared as to preclude any danger of contagion or infection by its transportation; and no city or town clerk shall give a permit for the removal of such body until he has received from the Board of Health of the city * * or clerk or agent of the Board of Health in which the death occurred a certificate stating the cause of death, and that said body has been prepared in the manner prescribed in this section, which certificate shall be delivered to the agent or person who receives the body. Whoever violates the provisions of this section shall forfeit not more than twenty-five dollars. Revised Laws, Chap. 78, Sect. 43.

Extract from Regulations: Board of Health, City of Newton.

Rule 24. Any person having charge of the body of a person who has died of cholera, yellow fever, small pox, varioloid, diphtheria, membranous croup, scarlet fever, typhus fever or measles shall cause such body to be washed in a solution of corrosive sublimate (2 drachms to 1 gallon of water) wrapped in a sheet saturated with a solution of corrosive sublimate, same strength, and immediately placed in a tightly sealed coffin, and the body shall be buried in accordance with the following instructions: no public conveyance shall be used unless the same shall be afterwards disinfected under the direction of the Board of Health; if placed in a receiving tomb the body shall be enclosed in a metallic casket and hermetically sealed; no draperies shall be used; every undertaker or person acting as such shall immediately notify the Board of Health upon receiving notice of a death from any of the above diseases, and it shall be his duty to see that the instructions of the Board of Health are complied with.

Within return countersigned and approved this ..... day of 190

..... *Agent Board of Health.*

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON~~ Winthrop, MASS.

Date of Death, January 9" 1906

Name in full, Annie Belle Browne

James T. Browne

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, 62 Years, 9 Months, 11 Days. Occupation, Milliner

Residence, Everett Mass ~~Ward~~,

Place of Death, Beacon Villa Sanitarium

Place of Birth, Portland Me Date of Birth, (State year, month and day.) Mar 29" 1843

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Harriet E. Moody - Deering Me

Place of Interment, Portland Me. (Evergreen Cemetery)

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop January 9" 1906.

Name and Age of Deceased, Annie Belle Browne Age, 62 years. 9 mo 11 ds

Date and Place of Death,* Beacon Villa, Winthrop, Mass

Disease { Chief cause, Heart disease

Contributing cause,

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, A. B. Dorman M.D.

*If an institution, state how long an inmate and previous residence.

Jan. 9

4

[4-04-3,-LM.]

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, January 10 " 1906

Name in full, Julia Colburn Robinson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 89 Years, 5 Months, 10 Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, " Siren Street Point Shirley (State year, month and day.)

Place of Birth, Hudson N. H. Date of Birth,

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother,

Place of Interment, Mount Auburn (Cremation)

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, January 10 " 1906.

Name and Age of Deceased, Age, years.

Date and Place of Death,*

Disease { Chief cause,

Contributing cause,

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, M.D.

* If an institution, state how long an inmate and previous residence.

21

Jan 10

Julia Coburn Robinson

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

Wellesley
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Mary H. Webber Registered No. 3

Place of Death* Wellesley Mass Date of Death Jan 10 1906

Residence Winthrop Mass Age 86 years — months — days

STATISTICAL DETAILS

SEX: Male
COLOR: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Roxbury Mass

NAME OF FATHER: John Webber

BIRTHPLACE OF FATHER ‡: Marblehead. Mass.

MAIDEN NAME OF MOTHER: Joanna Hilton

BIRTHPLACE OF MOTHER ‡: Portsmouth, N. H.

OCCUPATION: None.

INFORMANT §: Charles W. Webber

PLACE OF BURIAL OR REMOVAL ‖: Winthrop Mass.

DATE OF BURIAL: — 190

UNDERTAKER: Geo. H. Robbins

ADDRESS: Wellesley

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 4 1905 to Jan 10 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile Dementia

— (DURATION) — DAYS

Contributory: Exhaustion from Diarrhoea

— (DURATION) — DAYS

(Signed) Edward H. Worrall M.D.

— 190 (Address) —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Jan 12 1906. Fred. W. Kingsbury Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

Moses H. Abbey
Jan 10, 1907

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, January 14" 1906

Name in full, Jennie Shamon

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 51 Years, 8 Months, 7 Days. Occupation, Housewife

Residence, Winthrop Mass Ward,

Place of Death, 24 Read Street

(State year, month and day.)

Place of Birth, Scotland Date of Birth,

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Forest Hills Cemetery West Roxbury

Sumner Floyd

Undertaker

18 Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, January 15" 1905.

Name and Age of Deceased, Jennie Shamon Age, 51 years. 8 Mo - 7 ds

Date and Place of Death,* January 14" 1906 - 24 Read Street

Disease { Chief cause, Double Pneumonia.
Contributing cause, Cardiac-failure.

Duration { Chief cause, 14 days
Contributing cause, One hour

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, O. E. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

21

Jennie Shannon

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, January 14" 1906

Name in full, Grace Regina Wood

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 4 Years, 4 Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, Belcher Street (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, Sept 14" 1901

Name and Birthplace of Father, Alexander Wood — P. E. Island

Maiden Name and Birthplace of Mother, Addie McCallum — P. E. Island

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

18 Sherman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, January 15" 1906.

Name and Age of Deceased, Grace Regina Wood Age, 4 years. 4 mos

Date and Place of Death,* January 14" 1906 - Metcalf Hospital

Disease { Chief cause, Meningitis
Contributing cause, cervical abscess

Duration { Chief cause, 4 days
Contributing cause, 3 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, 131 Metcalf M.D.

* If an Institution, state how long an inmate and previous residence.

Grace Regina Hood

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Charles H. Ellis. Registered No.

Place of Death* 58 Bowdoin St. Winthrop, Mass

Date of Death Jan 16th 1906 Age 73 years 7 months 21 days

STATISTICAL DETAILS

SEX Male | COLOR White | ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Sydney, Me

NAME OF FATHER William Ellis

BIRTHPLACE OF FATHER ‡ Sydney, Me

MAIDEN NAME OF MOTHER Phoebe Sawtelle.

BIRTHPLACE OF MOTHER ‡ Sydney, Me

OCCUPATION Retired

INFORMANT § Son.

PLACE OF BURIAL OR REMOVAL ‖ Mt. Hope

DATE OF BURIAL Jan 19 1906

UNDERTAKER J. B. Cole & Son

ADDRESS 124 Dorchester St. So. Boston.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 6 1905 to Jan. 16 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Carcinoma of Liver (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) Wm. A. Ham M.D.

Jan. 16 1906 (Address) 1799 Dorchester Ave. Dor.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Chas. H. Ellis

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ferdinand Grafton Sex, Male Color, White

Date of Death, Jan 18th 1906; Age, 42 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Married Occupation, Gentleman Farmer

*Residence, {If out of town, also state fully.} Coral Ave Co West (Billow Cottage)

Place of Birth, England

*Place of Death, Coral Ave Co West Winthrop Mass

Name and Birthplace of Father, Ferdinand England

Maiden Name and Birthplace of Mother, Caroline "

Place of Interment, (Give name of Cemetery), East Boston Cemetery

Dated at Winthrop Mass on Jan 19th 1906

Signature and place of business of Undertaker. Frank L. Mahoney 14 Winthrop St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ferdinand Grafton Age, 42 Y. — M. — D.

Place and Date of Death, died at Coral & Crest Ave. 190 .

Disease or Cause of Death,‡ Primary, Vertebral Heart disease Duration, —

Secondary, — Duration, Uncertain

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. [illegible] M. D.
C.H.C.

Date of Certificate, Winthrop Jan. 19/06 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner
Agent of Board of Health.

No. 9

RETURN OF THE DEATH

OF

Ferdinand Grafton

at

Date, Jan. 18 190

Filed, 190

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Jane Trayes Registered No.

Place of Death* 11 Cutler St. Winthrop Mass

Date of Death Jan. 18 1906 Age 96 years 6 months 19 days

STATISTICAL DETAILS

SEX Female

COLOR White

~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED Widow

MAIDEN NAME† Jane Brooke

HUSBAND'S NAME† John. Trayes

BIRTHPLACE‡ Barnstaple Devonshire County England

NAME OF FATHER ~~Unknown~~ John Brooke

BIRTHPLACE OF FATHER‡ ~~Unknown~~ Barnstaple, Eng.

MAIDEN NAME OF MOTHER ~~Unknown~~ Frances Macey or Mason

BIRTHPLACE OF MOTHER‡ ~~Unknown~~ Elfracombe, Eng.

OCCUPATION —

INFORMANT§ Son Wm H. Trayes

PLACE OF BURIAL OR REMOVAL‖ Woodlawn Cemetery

DATE OF BURIAL Jan. 21st 1906

UNDERTAKER C. R. Bennett

ADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan. 6 1906 to Jan. 18, 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac thrombosis with probable pulmonary embolism. (DURATION) 8 DAYS

Contributory: Senility (DURATION) DAYS

(Signed) William H. Trayes, Jr. M.D.

Jan. 20 1906 (Address) 386 Commonwealth Av. Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Jane Frazer.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, January 22, 1906

Name in full, Rev Howard C. Dunham

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 93 Years, 0 Months, 2 Days. Occupation, clergyman

Residence, 12 Fremont St Winthrop Ward, ...

Place of Death, " " " (State year, month and day.)

Place of Birth, Ubington Mass Date of Birth, Jan 22, 1813

Name and Birthplace of Father, Ezra Dunham, Plymouth, Mass.

Maiden Name and Birthplace of Mother, Polly Carey, No. Bridgewater, Mass.

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Jany 22 1906.

Name and Age of Deceased, Howard C. Dunham Age, 93 years.

Date and Place of Death,* Jany 21 1906 12 Fremont St Winthrop

Disease { Chief cause, Bronchio-pneumonia

Contributing cause, Senility

Duration { Chief cause, Three days.

Contributing cause, Several years.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, T. Johnson M.D.

Winthrop. Mass.

*If an Institution, state how long an inmate and previous residence.

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for .22.

Rev. Howard C. Dunham

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Stewart-Schafer Registered No.

Place of Death* Winthrop Mass

Date of Death Jan 23rd 1906 Age 40 years 7 months X days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M.	W.	

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston Mass

NAME OF FATHER John George Schafer

BIRTHPLACE OF FATHER ‡ Germany

MAIDEN NAME OF MOTHER Mary Brown

BIRTHPLACE OF MOTHER ‡ St. John N. B.

OCCUPATION Manager

INFORMANT § Wife

PLACE OF BURIAL OR REMOVAL ‖ Mount Hope

DATE OF BURIAL 1/25 1906

UNDERTAKER C R Brennan

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 8 1906 to Jan 23rd 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Chronic Bright's Disease

(DURATION) 6 mos DAYS

Contributory:

(DURATION) DAYS

(Signed) B. McCall M.D.

Jan 25 1906 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Buckmanst How long at Place of Death? 13 Days

Where was disease contracted, if not at place of death? Unknown.

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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[illegible]

George S. Schafer

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A. McPhee Sex, Fem Color, White

Date of Death, Jan 26th 1906; Age, 70 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} Mary A. McDonald

Husband's Name, Roderick McPhee

Single, Married, Widowed or Divorced, Married Occupation, Domestic

*Residence, {If out of town, also state fully.} #9 Taylor St. Winthrop, Mass.

Place of Birth, Indian Cape Breton

*Place of Death, #9 Taylor St. Winthrop Mass

Name and Birthplace of Father, Rhoda " " Cape Breton

Maiden Name and Birthplace of Mother, Catherine " " "

Place of Interment, (Give name of Cemetery), Holy Cross, Malden

Dated at Winthrop Mass Signature and place of business of Undertaker. Frank E. Malone

on Jan 26th 1906 #104 Winthrop St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary A. McPhee Age, 70 Y. M. D.

Place and Date of Death, died at Winthrop Jan 26 1906.

Disease or Cause of Death,‡ Primary, Mitral Regurgitation Duration, 1 year

Secondary, Cardiac Dilation Duration, 3 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Guy G. Browne M. D.
28 Lincoln St

Date of Certificate, Jan 26 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 13

RETURN OF THE DEATH

OF

Mary A. McPhee

at

Date, Jan 1 190.

Filed, 190.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, January 26 1905

Name in full, Charity Mayo

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 79 Years, 4 Months, 25 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 84 Lincoln Street

Place of Birth, Kittery Me Date of Birth, Aug 31 1826 (State year, month and day.)

Name and Birthplace of Father, Henry Sargent — Kittery Me

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery = Winthrop Mass

Samuel Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, January 26 1906.

Name and Age of Deceased, Charity Mayo Age, 79 years. 4 mo 25 ds

Date and Place of Death,* January 26 1906 — 84 Lincoln Street

Disease { Chief cause, Old age

Contributing cause, Paralysis

Duration { Chief cause, —

Contributing cause, 3 years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, G B Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

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Charity Mayo

[11-'02-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Feb. 7/06

Name in full, Mary A. Grady born Glancy
Wife of Stephen
(If a married or divorced woman give maiden name, also name of husband.)

Sex, F. Color, W. (White, Black, Mixed, Chinese, Indian, etc.) Condition, M. (Single, Married, Widowed or Divorced.)

Age, 57 Years, — Months, — Days. Occupation, ...

Residence, 27 Centre St Winthrop Ward, ...

Place of Death, 27 Centre " (State year, month and day.)

Place of Birth, Boston Date of Birth, ...

Name and Birthplace of Father, James Ireland

Maiden Name and Birthplace of Mother, Maurace Brennan "

Place of Interment, Holy Cross Malden

Thos. J. Lane
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 7 1906.

Name and Age of Deceased, Mary A Grady Age, 57 years.

Date and Place of Death,* Feby 7/06 27 Centre St Winthrop

Disease { Chief cause, Apoplexy
Contributing cause, Chronic Bright's Disease

Duration { Chief cause, 3 days
Contributing cause, Several years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J E Johnson M.D.
Winthrop Mass

* If an institution, state how long an inmate and previous residence.

Mary E. Kinney

Feb. 7

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, February 9" 1906

Name in full, Alexander Haggerston

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 68 Years, 2 Months, 26 Days. Occupation, Livery Stable

Residence, Point Shirley - Winthrop Ward, —

Place of Death, Point Shirley Winthrop

Place of Birth, Charlestown Mass Date of Birth, (State year, month and day.) Nov 13" 1837

Name and Birthplace of Father, David Haggerston Jorkshire England

Maiden Name and Birthplace of Mother, Mary Ann Fannee - Fitchburg Mass

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, ~~Boston~~, February 11" 1906.

Name and Age of Deceased, Alexander Haggerston Age, 68 years. 2 mos —

Date and Place of Death,* February 9" 1906 - Point Shirley, Mass

Disease { Chief cause, Diabetes Mellitus
Contributing cause, Gangrene of foot

Duration { Chief cause, Indefinite
Contributing cause, Ten weeks.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

Alexander Mazy

Feb. 9

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George Louis Radell Registered No.

Place of Death* Orlando Ave. Winthrop Mass

Date of Death Feb 9th × Age × years × months one day

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male | COLOR: White | SINGLE, MARRIED, WIDOWED, OR DIVORCED: ×

MAIDEN NAME †: —

HUSBAND'S NAME †: —

BIRTHPLACE ‡: Winthrop Mass.

NAME OF FATHER: Louis A. Radell.

BIRTHPLACE OF FATHER ‡: Somerville Mass.

MAIDEN NAME OF MOTHER: Mabelle H. Rick.

BIRTHPLACE OF MOTHER ‡: So. Orrington Me.

OCCUPATION: —

INFORMANT §: Father. Louis A. Radell Orlando Ave Winthrop

PLACE OF BURIAL OR REMOVAL ‖: So. Orrington Me.

DATE OF BURIAL: Feb 6-20 1906

UNDERTAKER: C. R. Bennison.

ADDRESS: Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY, that I attended deceased during last illness, from Feb 9th 1906 to Feb 9th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Open foramen Ovale

(DURATION) 4 hrs DAYS

Contributory:

(DURATION) DAYS

(Signed) [illegible] M.D.

Feb 10 1906 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, If not at place of death? —

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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6 ·98

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bridget McCarey Sex, Fem. Color, White

Date of Death, Feb 27th 1906; Age, 74 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} Bridget McLaughlin

Husband's Name, Philip

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, {If out of town, also state fully.} 32 Beacon St Winthrop

Place of Birth, Ireland

*Place of Death, Winthrop Mass

Name and Birthplace of Father, Donald McLaughlin Ireland

Maiden Name and Birthplace of Mother, Mary Kelly "

Place of Interment, (Give name of Cemetery), Forest Grove, Malden

Dated at Winthrop on Feb 27th 1906

Signature and place of business of Undertaker. Frank E. Maloney, 140 Winthrop St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Bridget McCarey Age, 74 Y. M. D.

Place and Date of Death, died at Winthrop Feb. 27. 1906.

Disease or Cause of Death,‡ Primary, Diarrhoea Duration, 2 wks.

Secondary, Senility Duration, — —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. H. J. Parker M. D. Winthrop, Mass.

Date of Certificate, Feb. 27. 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 18

RETURN OF THE DEATH

OF

Bridget Mc Carey

at Winthrop

Date, Feb. 27 1906.

Filed, 190.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

No 19

Date of Death, March 6" 1906

Name in full, Daniel H. S. Cook

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 1 Years, 3 Months, 6 Days. Occupation, —

Residence, Point Shirley Ward, ...

Place of Death, Billow Street Point Shirley (State year, month and day.)

Place of Birth, Newburyport Date of Birth, Nov 13" 1904

Name and Birthplace of Father, John E. H. Cook — Atkinson N. H.

Maiden Name and Birthplace of Mother, Emma M. Luchanne St Albert Canada

Place of Interment, Elmwood Cemetery Haverhill Mass

Sumner Floyd

Undertaker.

182 Vernon Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, ~~Boston~~, March 6" 1906.

Name and Age of Deceased, Daniel H. S. Cook, Age, 1 years. 3 — 6

Date and Place of Death,* March 6. 1906. Point Shirley, Winthrop

Disease { Chief cause, Lobar Pneumonia.
Contributing cause, ...

Duration { Chief cause, 1 week.
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

*If an institution, state how long an inmate and previous residence.

21

March 6 06

Daniel H. S. Cook

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME Thomas F Hughes Registered No. 2220

Place of Death and Residence } Boston Emergency Hospital Kingston St

Date of Death Mar 10 1906. Age 55 years months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	widowed

Maiden Name

Husband's Name

Birthplace Pawtucket R I

Name of Father Thomas H

Birthplace of Father England

Maiden Name of Mother Mary Smith

Birthplace of Mother England

Occupation Com. Traveller

Informant

Place of Burial or removal Providence R I

Undertaker Lewis Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } Lobar Pneumonia 3 days

Contributory: (Duration) }

(Signed) J L Mahoney M.D.

Mar 11 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Ocean View Winthrop Mass

Filed Mar 13 1906.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

March 10, 1906.

Thomas F Hughes

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME George S. Freeman Registered No. 20

Place of Death* 18 Cottage Ave Winthrop Mass

Date of Death March 16th Age 50 years 11 months 9 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE‡: Milton Nova Scotia

NAME OF FATHER: Samuel Freeman

BIRTHPLACE OF FATHER‡: Milton Nova Scotia

MAIDEN NAME OF MOTHER: Charlotte Freeman

BIRTHPLACE OF MOTHER‡: Caledonia Nova Scotia

OCCUPATION: Salesman & Bookkeeper

INFORMANT §

PLACE OF BURIAL OR REMOVAL‖: Woburn Mass

DATE OF BURIAL: 3/19 1906

UNDERTAKER: C. R. Berenson

ADDRESS: Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Mch. 12 1906 to Mch. 16 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Lobar Pneumonia

(DURATION) 5 DAYS

Contributory: ——

(DURATION) DAYS

(Signed) W. J. Porter M.D.

Mch. 18 1906 (Address) Winthrop, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

20

March 16 1906

George S. Freeman

FORM C.

Commonwealth of Massachusetts.

No. 21

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah M. Todd Sex, Fem Color, White

Date of Death, Mar 18th 1906; Age, 73 Years, 11 Months, 10 Days.

Maiden Name, {If married, widowed or divorced.} Sarah M. Beaton

Husband's Name, Neal G. Todd

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, {If out of town, also state fully.} *59 Locust St. Winthrop, Mass.

Place of Birth, Boston Mass

*Place of Death, *59 Locust St. Winthrop Mass

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Mass on Mar 18th 1906

Signature and place of business of Undertaker. Frank E. Mahoney *146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Sarah M. Todd Age, 73 Y. 11 M. 0 D.

Place and Date of Death, died at 59 Locust St 190 .

Disease or Cause of Death,‡ Primary, Mental Insufficiency Duration, years

Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. B. H. Metcalf Winthrop M. D.

Date of Certificate, Mar 20 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 21

RETURN OF THE DEATH

OF

Sarah M Todd

at Winthrop

Date, March 18 1906.

Filed, March 31 1906.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary N. Freeman Registered No. 22

Place of Death* 18 Cottage Ave Winthrop Mass

Date of Death Mar 25th 1906 Age 46 years 3 months 14 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOW~~ED, OR~~ DIVORCED: Widow

MAIDEN NAME †: Mary Nickerson Fish.

HUSBAND'S NAME †: Geo. S. Freeman

BIRTHPLACE ‡: Duxbury Mass

NAME OF FATHER: Joseph. Fish

BIRTHPLACE OF FATHER ‡: Duxbury Mass

MAIDEN NAME OF MOTHER: Charlott Prior

BIRTHPLACE OF MOTHER ‡: Duxbury Mass

OCCUPATION: Housewife

INFORMANT §: Sister

PLACE OF BURIAL OR REMOVAL ‖: Abington Mass

DATE OF BURIAL: Mar 28th 1906

UNDERTAKER: C. R. Bennison

ADDRESS: Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 3/18 1906 to 3/25 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac Thrombosis

(DURATION) DAYS

Contributory: Pneumonia

10 (DURATION) DAYS

(Signed) W B Mc Murchy M.D.

3/27 1906 (Address) Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

22

March 25 1906

Mary N. Freeman

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Clymer Registered No.

Place of Death* Winthrop Mass

Date of Death April 2nd 1906 Age Still Born months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	

MAIDEN NAME †

HUSBAND'S NAME † Clymer

BIRTHPLACE ‡ Winthrop Mass

NAME OF FATHER Robert. D. Clymer

BIRTHPLACE OF FATHER ‡ Old Virginia

MAIDEN NAME OF MOTHER Mary Pirtson

BIRTHPLACE OF MOTHER ‡ Sweden

OCCUPATION —

INFORMANT § Father

PLACE OF BURIAL OR REMOVAL ‖ Winthrop Cemetery

DATE OF BURIAL April 4th 1906

UNDERTAKER C. R. Bennison

ADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature delivery

..... (DURATION) ..... DAYS

Contributory: Incident to Birth

..... (DURATION) ..... DAYS

(Signed) B J Metcalf M.D.

Apr 3rd 1906 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190 ....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Clymer
April 2 1906

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Luke T. Brennan Sex, Male Color, White

Date of Death, April 3rd 1906; Age, 42 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, Clerk

*Residence, {If out of town, also state fully.} #92 Pauline St. Winthrop Mass

Place of Birth, Dorchester, Mass.

*Place of Death, 92 Pauline St. Winthrop, Mass.

Name and Birthplace of Father, Patrick Ireland

Maiden Name and Birthplace of Mother, Margaret Condry "

Place of Interment, (Give name of Cemetery), Old Dorchester Cem. Boston

Dated at Winthrop Mass on April 3rd 1906.

Signature and place of business of Undertaker. Frank G. Maloney #146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Luke T. Brennan Age, 42 Y. — M. — D.

Place and Date of Death, died at Winthrop, Mass. April 3d 1906.

Disease or Cause of Death,‡ Primary, Diabetes Duration, 2 yrs. or More

Secondary, Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. A. B. Dorman M. D. Winthrop, Mass

Date of Certificate, April 4th 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 24

RETURN OF THE DEATH

OF

Luke T. Brennan

at

Date, April 3 1906.

Filed, " 30 1906.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Lawrence Stewart Brainard Registered No.

Place of Death* Sea Foam Av., Winthrop Date of Death Apr. 4 1906

Residence 13 Upland Av., Dorchester Age 7 years 8 months 29 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Dorchester

NAME OF FATHER: Joseph A. Brainard

BIRTHPLACE OF FATHER ‡: St. Albans, Vt.

MAIDEN NAME OF MOTHER: Ellen N. Lamothe

BIRTHPLACE OF MOTHER ‡: Annapolis, N.S.

OCCUPATION: None.

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Forest Hills, Boston

DATE OF BURIAL: Apr. 6. 1906

UNDERTAKER: A. & E. F. Gleason

ADDRESS: Dorchester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended ~~deceased~~ during last illness, from Apr. 3 1906 to Apr. 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Septic Pneumonia

(DURATION) 1 DAYS

Contributory: —

(DURATION) DAYS

(Signed) W. J. Porter M.D.

Apr. 4 1906 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Lawrence S. Brainerd
April 4 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Theodore Collamore Registered No.

Place of Death * 19 Prospect Ave Winchester Mass

Date of Death April 4th Age 82 years X months X days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Male | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Pembroke Mass

NAME OF FATHER Anthony Collamore

BIRTHPLACE OF FATHER ‡ Scituate Mass

MAIDEN NAME OF MOTHER Lydia Windsor

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Retired

INFORMANT § Wife

PLACE OF BURIAL OR REMOVAL ‖ Winchester Cemetery

DATE OF BURIAL April 7 1906

UNDERTAKER C. R. Pennison

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 22 1906 to Apr 4 1906; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Septic Cystitis

(DURATION) 15 DAYS

Contributory: Senility

(DURATION) DAYS

*(Signed) H. J. Porter M.D.

Apr 7 1906 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Theodore Collamore
April 4 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelsea
(CITY OR TOWN.)

FULL NAME Turner, William A. Registered No. 206

Place of Death* Chelsea Frost Hospital Date of Death April 4 1906

Residence Winthrop Age 57 years — months — days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: M

COLOR: W.

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

MAIDEN NAME†

HUSBAND'S NAME†

BIRTHPLACE‡: Bucksport Me

NAME OF FATHER: William

BIRTHPLACE OF FATHER‡: Provincetown Mass

MAIDEN NAME OF MOTHER: Sarah Coombs

BIRTHPLACE OF MOTHER‡: Bucksport Me

OCCUPATION: Stevedore

INFORMANT§: —

PLACE OF BURIAL OR REMOVAL‖: "Woodlawn" Everett

DATE OF BURIAL: — 190..

UNDERTAKER: C. R. Berrinson

ADDRESS: —

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190.. to — 190.., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fract. of skull & accidental Fall

(DURATION) — DAYS

Contributory: —

(DURATION) DAYS

(Signed) F. A. Harris M.D.

— 190.. (Address) —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed April 5 1906. Charles [illegible]
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

Apr. 4, 1906

registration.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, April 5th 1906

Name in full, Bethia Belcher

Warren Belcher

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 78 Years, 2 Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 47 Winthrop Street

Place of Birth, Chatham Mass Date of Birth, (State year, month and day.) Jan 16th 1827

Name and Birthplace of Father, Joshua Harding - Chatham Mass

Maiden Name and Birthplace of Mother, Bethia Harding - Chatham Mass

Place of Interment, Winthrop Cemetery

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, April 6th 1906.

Name and Age of Deceased, Bethia Belcher Age, 78 years.

Date and Place of Death,* Winthrop, Mass., April 5th 1906.

Disease { Chief cause, Bright's Disease

Contributing cause, Age Bronchitis

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, A. B. Donnan M.D.

* If an institution, state how long an inmate and previous residence.

Bertha Belcher
April 5 1906

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Chapman Sealing Registered No.

Place of Death* 21 Charles St Winthrop Mass

Date of Death April 13rd 1906 Age 77 years 9 months 11 days

STATISTICAL DETAILS

SEX	COLOR	~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
Male	White	Widower

MAIDEN NAME †

HUSBAND'S NAME † —

BIRTHPLACE ‡ Orleans Mass

NAME OF FATHER Isaac Sealing

BIRTHPLACE OF FATHER ‡ Orleans Mass

MAIDEN NAME OF MOTHER Rebecca Arey

BIRTHPLACE OF MOTHER ‡ Orleans Mass

OCCUPATION Clerk

INFORMANT § Niece

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Orleans Mass	April 16th 1906
UNDERTAKER	**ADDRESS**
C. R. Bennison	Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 4 1906 to Apr. 13 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Lobar Pneumonia

(DURATION) 9 DAYS

Contributory: Senility

(DURATION) DAYS

(Signed) W. J. Porter M.D.

Apr 14 1906 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190.... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Chapman Stearns
April 13 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Fred. Newton Russell Jr Registered No.

Place of Death* 1 Plummer St Winthrop Mass

Date of Death April 14th 1906 Age 2 years 1 months 18 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Male	White	~~X~~

MAIDEN NAME †

HUSBAND'S NAME † ~~X~~

BIRTHPLACE ‡ Sunderland Mass

NAME OF FATHER Fred Newton Russell Cr.

BIRTHPLACE OF FATHER ‡ Sunderland Mass

MAIDEN NAME OF MOTHER Lucy Aikens

BIRTHPLACE OF MOTHER ‡ Springfield

OCCUPATION ~~—~~

INFORMANT § Mother & father

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
North Hadley Mass	April 16 1906
UNDERTAKER	**ADDRESS**
C. R. Bennison	Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr 9th 1906 to Apr 14th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Broncho pneumonia

(DURATION) 5 DAYS

Contributory:

(DURATION) DAYS

(Signed) B. L. Metcalf M.D.

Apr 15 1906 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190.... .....
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

Fred Newton Russell Jr.
April 14 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, April 14th 1906

Name in full, Charles T. W. Miller

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 4 Years, Months, Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, 63 Bowdoin Street

Place of Birth, Winthrop Date of Birth, (State year, month and day.) May 1st 1902

Name and Birthplace of Father, Archak P. Miller Turkey in Asia

Maiden Name and Birthplace of Mother, Julia E. Shepard Rockland Maine

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, April 1 190 6

Name and Age of Deceased, Charles T. W. Miller Age, 4 years.

Date and Place of Death,* 63 Bowdoin St Apr 14 '06

Disease { Chief cause, Suffication due to accidental cause
Contributing cause,

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B S Mitchell M.D.

* If an institution, state how long an inmate and previous residence.

No 31
April 14 1906
Charles T W Miller

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, April 15th 1906

Name in full, Grace Patchet

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 30 Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 119 Shirley Street

Place of Birth, Salem Mass Date of Birth, (State year, month and day.) May 4th 1876

Name and Birthplace of Father, James Arrington - Salem Mass

Maiden Name and Birthplace of Mother, Melinda R. Beckford Salem Mass

Place of Interment, Winthrop Cemetery - Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop April 1 1906

Name and Age of Deceased, Grace Patchet Age, 30 years.

Date and Place of Death,* April 15th 1906. 119 Shirley St.

Disease — Chief cause, Bright's Disease, Acute dilatation of Heart, Oedema of Lungs.

Contributing cause, Pregnancy

Duration — Chief cause, ...

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Albert B. Norman M.D.

* If an Institution, state how long an inmate and previous residence.

Grace Patchet
April 15 1906

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON

FULL NAME Henry Bloomfield Registered No. 4838

Place of Death and Residence } Boston Cunard Wharf East Boston

Date of Death Apr 26 1906. Age 65 years 2 months 15 days

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
male	white	married

Maiden Name

Husband's Name

Birthplace England

Name of Father John

Birthplace of Father England

Maiden Name of Mother Mary A Willis

Birthplace of Mother England

Occupation Stevedore

Informant

Place of Burial or removal Winthrop Cem Winthrop Mass

Undertaker Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } Decomposition too far advanced Drowning

Supposed to have fallen overboard

Contributory: (Duration) }

(Signed) Geo Stedman M.D.

May 30 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Court Pk Rd Winthrop Mass

Filed May 31 1906.

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A. 1630. BOSTON, MASS.

Henry Bloomfield
April 26 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, May 6 1906

Name in full, Emma Trewogy

Emma Putnam Munroe Trewogy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 51 Years, 2 Months, — Days. Occupation, Housewife

Residence, Winthrop Mass ~~Ward,~~ —

Place of Death, 3 Buchanan Street

Place of Birth, Charlottetown P.E.I., Date of Birth, — (State year, month and day.)

Name and Birthplace of Father, John Putnam - England

Maiden Name and Birthplace of Mother, Jane Bridges - P.E.Island

Place of Interment, Winthrop Cemetery - Winthrop Mass

Dunner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, May 6 1906.

Name and Age of Deceased, Emma Trewogy Age, 51 years. 2 Mos

Date and Place of Death,* May 6 1906 - 3 Buchanan Street

Disease { Chief cause, Cancer of bowels

Contributing cause, Ulceration

Duration { Chief cause, 2 1/2 years

Contributing cause, 10 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Horace J. Poole M.D.

* If an institution, state how long an inmate and previous residence.

21

Emma Treworgy,
May 6, 1906.

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, May 8 1906

Name in full, Mary Louise Pero (nee Tucker) Widow of James J.

(If married or divorced woman give maiden name, also name of husband.)

Sex, F Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, W (Single, Married, Widowed or Divorced.)

Age, 74 Years, — Months, — Days. Occupation, ...

Residence,* Cor of Bartlett Road Plymouth Ward, ...

Place of Death, Winthrop (State year, month and day.)

Place of Birth, Chambly Canada Date of Birth, ...

Name and Birthplace of Father, Peter Chambly Canada

Maiden Name and Birthplace of Mother, Unknown Barratte " "

Place of Interment, Holy Cross Malden

Thos. J. Lane Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston,~~ Winthrop, Mass. May 10th 1906.

Name and Age of Deceased, Mary Louise Pero Age, 74 years.

I hereby certify that I attended deceased from May 4th 1906, to May 7th 1906, that I last saw her alive on the 6th day of May 1906, that she died on the 7th day of May 1906, about 10 o'clock A.M., [redacted], and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Age, Acute Indigestion
Contributing cause, Sudden Weakening and failure of the heart's action.

Duration { Chief Cause, ...
Contributing cause, ...

Albert B. Dorman M. D.

* If an Institution, state how long an inmate and previous residence.

Mary Louise Pero.
May 8 1906

[4-'04-37-LM.]

Permit No.

RETURN OF DEATH.

Winthrop
~~BOSTON~~, MASS.

Date of Death, May 18" 1906

Name in full, John Mainghie

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 6 Years, — Months, 12 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 123 Shirley Street

Place of Birth, " " " Date of Birth, May 6" 1900 (State year, month and day.)

Name and Birthplace of Father, Salvatore Mainghie

Maiden Name and Birthplace of Mother, Marguerite Cazzetto

Place of Interment, Old Cambridge Catholic Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
~~Boston~~, May 18" 1906.

Name and Age of Deceased, John Mainghie Age, 6 years. 12 Ds

Date and Place of Death,* May 18" 1906 123 Shirley Street

Disease { Chief cause, Septic Pneumonia
Contributing cause, —

Duration { Chief cause, 3 days
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

21

~~Perley A Morse~~
~~May 28 1906~~

John Mannghie
May 18 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON~~, MASS.

Date of Death, May 24" 1906

Name in full, Orie May Daggett

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, 1/2 Day~~s~~. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 13 Hutchinson Street

Place of Birth, " " " Date of Birth, (State year, month and day.) May 24" 1906

Name and Birthplace of Father, Frank Ayer Daggett — Roxbury Mass

Maiden Name and Birthplace of Mother, Charlotte May Allen — Worcester Mass

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Aug 16 1906.

Name and Age of Deceased, Orie May Daggett Age, 1 Day ~~years.~~

Date and Place of Death,* May 24" 1906, 13 Hutchinson Street

Disease { Chief cause, Premature. Marasmus
Contributing cause,

Duration { Chief cause, 1/2 day
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, C. E. Johnson M.D.
(Winthrop)

* If an institution, state how long an inmate and previous residence.

May 21, 1906

No. 66

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Perley A. Morse Registered No.

Place of Death * 20 Cottage Park Road, Winthrop

Date of Death May 28, 1906 Age 24 years 7 months 18 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
male	white	single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston, Mass

NAME OF FATHER Edward Perley Morse

BIRTHPLACE OF FATHER ‡ Nashua, N.H.

MAIDEN NAME OF MOTHER Cecilia Currier

BIRTHPLACE OF MOTHER ‡ Sagetown, N.B.

OCCUPATION Clerk

INFORMANT § Edward P. Morse
20 Cottage Park Road
Winthrop

PLACE OF BURIAL ~~OR REMOVAL~~ ‖ Winthrop, Mass

DATE OF BURIAL May 190 6

UNDERTAKER J. S. Waterman Sons

ADDRESS Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from No physician 190 to May 28 190 6, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: W.B. Tumor Christian Scientist treatment Nearly 2 past 10 days
Pneumonia (DURATION) 1 1/2 pts DAYS

Contributory: (DURATION) DAYS

(Signed) B. J. Metcalf M.D.
May 28 190 6 (Address) Chairman W B of Health

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

85

Perley A Morse
May 28 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Catharine Fitzpatrick Registered No.

Place of Death * 33 Freemont St Winthrop Mass

Date of Death May 28th 1906 Age 60 years — months — days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Fem | COLOR White | SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † Catherine Fitzpatrick

HUSBAND'S NAME † —

BIRTHPLACE ‡ Ireland

NAME OF FATHER Thos Fitzpatrick

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Catherine

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Domestic

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Holy Cross Cem, Malden

DATE OF BURIAL May 30 1906

UNDERTAKER Frank S. Maloney

ADDRESS 146 Winthrop St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 26 190 to May 28 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 2 DAYS

Contributory: Mitral regurgitation

(DURATION) 2 DAYS

(Signed) B J Metcalf M.D.

May 29 1906 (Address) 5-26 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed

..... 190..... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Catherine Fitzpatrick
May 28, 1906.

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Still Born Marks. Registered No.

Place of Death* 14 Pico Ave Winthrop Mass

Date of Death May 28th 1906 Age — years — months — days

STATISTICAL DETAILS

SEX: Boy

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

MAIDEN NAME †: —

HUSBAND'S NAME †:

BIRTHPLACE ‡: Winthrop Mass

NAME OF FATHER: Wm F. Marks

BIRTHPLACE OF FATHER ‡: Provincetown Mass

MAIDEN NAME OF MOTHER: Anna R. Ryan

BIRTHPLACE OF MOTHER ‡: Calais Me

OCCUPATION: —

INFORMANT §: Father

PLACE OF BURIAL OR REMOVAL ‖: Winthrop Cemetery

DATE OF BURIAL: June 5th 1906

UNDERTAKER: C. R. Dennison

ADDRESS: Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 190 to 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Born Dead in Utero

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) B. P. Metcalf M.D.

June 4 190 6 (Address) 52 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Still Born
Marks
May 28 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Henry Ward Coltman Registered No.

Place of Death * 30 College Park Road

Date of Death June 1st 1906 Age 58 years 10 months days

STATISTICAL DETAILS

SEX male | COLOR white | ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ M.

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Boston, Mass.

NAME OF FATHER Henry Ward Coltman

BIRTHPLACE OF FATHER ‡ Hull, England.

MAIDEN NAME OF MOTHER Mary Ann Orton

BIRTHPLACE OF MOTHER ‡ Coventry, England

OCCUPATION Copper Smith

INFORMANT § Wife

PLACE OF BURIAL OR REMOVAL ‖ Woodlawn - Everett Mass

DATE OF BURIAL June 4 190 6

UNDERTAKER E. G. Brown

ADDRESS E. Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Mitral Insufficiency

(DURATION) One year DAYS

Contributory:

(DURATION) DAYS

(Signed) B. J. Mitchell M.D.

June 2 1906 (Address) 52 Winthrop St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190 ..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

ALL NAMES TO BE IN FULL

Mary A. Sampson
June 3, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

.....(CITY OR TOWN.)

FULL NAME Joseph B. Parsons Registered No.....

Place of Death* Colonial Inn Shirley St Date of Death June 4th 1906

Residence Boston Mass Age 78 years 1 months 27 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Northampton Mass

NAME OF FATHER: Samuel Parsons

BIRTHPLACE OF FATHER ‡: Northampton Mass

MAIDEN NAME OF MOTHER: Caroline Russell

BIRTHPLACE OF MOTHER ‡: Northampton Mass

OCCUPATION: State Pension Agent

INFORMANT §: Edw. M. Harding

PLACE OF BURIAL OR REMOVAL ‖: Northampton Mass

DATE OF BURIAL: June 7 1906

UNDERTAKER: W. J. Stokes

ADDRESS: West Roxbury Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 25 1906 to June 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

.....(DURATION) 11 DAYS

Contributory: Exhaustion

.....(DURATION).....DAYS

(Signed) Edw. M. Harding M.D.

June 4, 1906 (Address) 42 Summit Ave Winthrop Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? .....years.....months 10 days

Where was disease contracted, If not at place of death? Uncertain

Filed

.....190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Joseph B Parsons
June 4, 1906.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON, MASS.~~ Winthrop Mass

Date of Death, June 8th 1906

Name in full, Annie Gross
wife of Chas Gross
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 41 Years, 3 Months, 29 Days. Occupation, Housewife

Residence, 11 Putnam Ave Cambridge Ward, Mass

Place of Death, 14 Beacon St Winthrop (State year, month and day.)

Place of Birth, Manchester England Date of Birth, ...

Name and Birthplace of Father, Wm Smith Manchester

Maiden Name and Birthplace of Mother, Mr Kenna unknown

Place of Interment, Oakwood Cemetery Troy N.Y.

C R Brannon
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop June 9 Boston, 1906

Name and Age of Deceased, Annie Gross Age, 41 years. 3 M

Date and Place of Death,* June 8th 1906 14 Beacon St Winthrop Mass

Disease { Chief cause, Cerebral Hemorrhage
Contributing cause, ——

Duration { Chief cause, Four years
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. F. Porter M.D.

* If an institution, state how long an inmate and previous residence.

Annie Grost.
June 8, 1906

[3.'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 10, 1906.

Name in full, Paul Richard Nugent

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, ... (Single, Married, Widowed or Divorced.)

Age, ... Years, 10 Months, 27 Days. Occupation, —

Residence,* 8 Charles St. Ward, ...

Place of Death, 8 Charles St.

(State year, month and day.)

Place of Birth, Roxbury Mass Date of Birth, July 14, 1905

Name and Birthplace of Father, George R. Halifax N. S.

Maiden Name and Birthplace of Mother, Kate E. Sawyer Saco Maine

Place of Interment, Winchester Cemetery

H. M. White

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, June 11, 1906.

Name and Age of Deceased, Paul Richard Nugent Age, 10 ~~years~~ months.

I hereby certify that I attended deceased from ..... 190 , to ..... 190 , that I last saw ..... alive on the ..... day of ..... 190 , that ..... died on the ..... day of ..... 190 , about ..... o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of ..... death was as follows:

Disease { Chief cause, Marasmus
Contributing cause, —

Duration { Chief Cause, 6 mos.
Contributing cause, —

H. J. Porter M. D.

* If an institution, state how long an inmate and previous residence.

Paul Richard Nugent
June 10, 1906

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 10th 1906

Name in full, George Alfred Walson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 43 Years, 1 Months, 7 Days. Occupation, Pattern Maker

Residence, 1260 Queen St West, Toronto Canada

Place of Death, 5 Crystal Cove Ave Winthrop Mass (State year, month and day.)

Place of Birth, Dartmouth Eng Date of Birth, ...

Name and Birthplace of Father, Thos Watson India

Maiden Name and Birthplace of Mother, Mary O'Connell Ireland

Place of Interment, Mt Hope Toronto Ontario

E. R. Dennison

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 11. 1906.

Name and Age of Deceased, Geo. Alfred Watson Age, 43 years.

Date and Place of Death,* Winthrop, June 10. 1906.

Disease { Chief cause, Cerebral Hemorrhage
Contributing cause, Interstitial Nephritis

Duration { Chief cause, 10 hrs.
Contributing cause, 18 mos.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

George Alfred Watson
June 10, 1906

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON~~, MASS.
Winthrop Mass

Date of Death June 22 1906

Name in full, Sarah J. Cox
Sarah J. Botelle
(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, wife of Haschell F. Cox (Single, Married, Widowed or Divorced.)

Age, 69 Years, 7 Months, ... Days. Occupation, Housewife

Residence,* Brooklyn Conn Ward, ...

Place of Death, 18 Vine ave Winthrop Mass (State year, month and day.)

Place of Birth, Cromewell Ct Date of Birth, Nov 29 1837

Name and Birthplace of Father, } Unknown Unknown

Maiden Name and Birthplace of Mother, } Unknown Unknown

Place of Interment, Brooklyn Cemetery Brooklyn Conn

C. R. Dennison
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, ... 190 .....

Name and Age of Deceased, } Sarah J. Cox Age, 69 years.

I hereby certify that I attended deceased from ..... 190 , to ..... 190 , that I last saw ~~Christian Science~~ alive on the ~~account of treatment~~ day of ..... 190 , that ..... died on the ..... day of ..... 190 , about ..... o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of ..... death was as follows:

Disease { Chief cause, Cancer of Uterus
Contributing cause, ...

Duration { Chief Cause, 2 yrs
Contributing cause, ...

B. J. Metcalf M. D.
Chairman Board of Health.

*If an institution, state how long an inmate and previous residence.

Sarah J. Cox
June 22, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop.
(CITY OR TOWN.)

FULL NAME Albert H. Taft. Registered No.

Place of Death* Siren, St, Winthrop Mass. Date of Death June 25" 1906

Residence Winchester N.H. Age 68 years 6 months 2 days

STATISTICAL DETAILS

SEX: Male,
COLOR: White,
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married,

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Nelson N.H.

NAME OF FATHER: Nathan Taft,

BIRTHPLACE OF FATHER ‡: (unknown) N.H.

MAIDEN NAME OF MOTHER: Achsie Hardy,

BIRTHPLACE OF MOTHER ‡: (unknown) N.H.

OCCUPATION: Physician,

INFORMANT §: A.A. Taft.

PLACE OF BURIAL OR REMOVAL ‖: Winchester N.H.

DATE OF BURIAL: June 6. 190

UNDERTAKER: A.L. Eastman.

ADDRESS: 251 Tremont St Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 21st 1906 to May 23d 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: General Arterio Sclerosis, Cardiac Hypertrophy & dilatation, Chronic nephritis death due to loss of compensation (DURATION) ~~few hours~~ some years

Contributory: few hours of final loss compensation (DURATION) DAYS

(Signed) Elbridge G. Cutter M.D.

June 26 1906 (Address) 214 Beacon St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

* at the Hospital and not reported by telephone
* gave advice frequently since

Dr Taft came over in the same steamer with me from Liverpool last September. He had an attack of acute loss of cardiac compensation on board & it was thought he might die then. He rallied however & was following my advice all winter – with now & again an acute attack. He went to New York & was under Dr Quimby's care for a few days & took the Pneumatic cabinet treatment for a short time early in May 1906. He was entitled to die almost any time in last few months.

Elbridge G. Cutter

Mr Gardner Willard

Albert N. Ma

June 25, 1906.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 28th 1906

Name in full, Harry F. Porch of Greensburg Pa

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 22 Years, X Months, X Days. Occupation, Sec. Y.M.C.A. Sö Bost

Residence, 305-K. St — — Sö Boston Ward,

Place of Death, Boston Harbor, Drowned (State year, month and day.)

Place of Birth, " " Date of Birth, 28 June

Name and Birthplace of Father, unknown unknown

Maiden Name and Birthplace of Mother, Mari Porch

Place of Interment, Greensburg Pa

C. R. Benneson.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 4th 1906.

Name and Age of Deceased, Harry F. Porch Age, 22 years.

Date and Place of Death,* June 28 1906. Boston Harbor

Disease { Chief cause, Drowning
Contributing cause, Accident

Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis A. Harris M.D.
Med. Examiner

* If an Institution, state how long an inmate and previous residence.

Found July 4th 10 a.m.

Body

Weight about 165 To 175

Height about 5 ft 10 in

Yachting Outing Shirt Black & White

Blue Serge Pants (Outing hanks)

Light under Drawers

Leather Belt Black

Hair Black

Teeth good

Knife in Pants pocket marked Harry F. Porch

Pearl Handle

Watch Gun Metal open faced W

Watch Chain leather

" Fob of M.C.C. 1904 Boston

2 Bunches of Keys on ring

Black Oxford Shoes

Tan Stockings

Money 1-$2
1-1 Bill

Some Change

Harry F. Porch
June 28, 1906.

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, June 29. 1906

Name in full, William E Thomas.

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 65 Years, 8 Months, – Days. Occupation, Salesman.

Residence,* 29 Bigelow St - Cambridge Mass

Place of Death 21 Charles St Winthrop (State year, month and day.)

Place of Birth Abington Mass Date of Birth, Nov. 30. 1844

Name and Birthplace of Father, Jerome Thomas — Unknown

Maiden Name and Birthplace of Mother, Julia Braley Lakeville Mass.

Place of Interment, Cambridge Cemetery

Horace D. Litchfield Undertaker.

~~401 Mass Ave~~ Cambridge

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 29. 1906.

Name and Age of Deceased, William E. Thomas Age, 65 years.

I hereby certify that I attended deceased ~~from~~ June 29 1906, to .....

190 , that I last saw him alive on the 29. day of June 1906

that he died on the 29 day of June 1906, about 4 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Angina Pectoris

Disease { Chief cause, Angina Pectoris
Contributing cause, Acute Indigestion

Duration { Chief Cause, Indefinite
Contributing cause, 16 hours

H. J. Porter M. D.

*If an institution, state how long an inmate and previous residence.

21

William E Thomas

June 29, 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON, MASS.~~ Winthrop Mass

Date of Death, July 4th 1906.

Name in full, Jennie May Long

Jenny Lunt married, wife of Henry M. Long
(If a married or divorced woman, give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 38 Years, 11 Months, ... Days. Occupation, Housewife

Residence, 17 Grover ave Winthrop ~~Ward~~, Mass

Place of Death, 17 Grover Ave " "
(State year, month and day.)

Place of Birth, Gardiner Maine Date of Birth, ...

Name and Birthplace of Father, Wm H. Lunt. Gardiner Me

Maiden Name and Birthplace of Mother, Susan Sprague Lee Me

Place of Interment, Gardiner Me

E. R. Benson
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, July 4th 1906.

Name and Age of Deceased, Jennie May Long Age, 38 years.

Date and Place of Death,* July 4th 1906. Winthrop, Mass.

Disease { Chief cause, Cancer of Uterus & Ovaries
Contributing cause, Embolism

Duration { Chief cause, Two years
Contributing cause, A few hours

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edw. M. Harding M.D.

* If an institution, state how long an inmate and previous residence.

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Jenny M. Long
July, 4, 1906.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, July 8" 1906

Name in full, Dorell (Stillborn)

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 17 Irvin Street

Place of Birth, 17 Irvin Street Date of Birth, July 8" 1906 (State year, month and day.)

Name and Birthplace of Father, Benjamin F. Dorell Cambridge Mass

Maiden Name and Birthplace of Mother, Gertrude S Mullen Portland Me

Place of Interment, Winthrop Cemetery Winthrop Mass

Turner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, July 9" 1906

Name and Age of Deceased, Stillborn Age, — years.

Date and Place of Death,* July 8. Winthrop, Mass.

Disease { Chief cause, Stillborn
Contributing cause, —

Duration { Chief cause, —
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

21

49

Donell (Stillborn)

July. 8, 1906.

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, July 8 1906

Name in full, Ann Matilda Johnson
Ann M. Johnson Charles A. Johnson
(If married or divorced woman give maiden name, also name of husband.)

Sex, F Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (~~Single, Married, Widowed or Divorced.~~)

Age, 63 Years, 2 Months, 12 Days. Occupation, —

Residence,* 3 Lea View Ave Winthrop Ward, —

Place of Death, 3 " " " " (State year, month and day.)

Place of Birth, Portsmouth N.H. Date of Birth, ...

Name and Birthplace of Father, Maiden Name and Birthplace of Mother, } John A. Johnson Sweden
Margaret Pinlinan Portsmouth N.H.

Place of Interment, Forest Hills Crematory

Summer Floyd
Winthrop Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 9 1906.

Name and Age of Deceased, } Ann Matilda Johnson Age, 63 years.

I hereby certify that I attended deceased from July 1905, to July 1906, that I last saw her alive on the 20th day of June 1906 that she died on the 8th day of July 1906, about 8 o'clock A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Carcinoma of the Stomach
Contributing cause, ...

Duration { Chief Cause, Twelve months
Contributing cause, ...

N. H. Houghton M. D.

* If an institution, state how long an inmate and previous residence.

Ann Matilda Johnson

July. 8, 1906.

[11-'02-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, July 9 1906

Name in full, Francis Garden Nelson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 8 Years, 5 Months, 15 Days. Occupation, —

Residence, 82 Lincoln Street Ward, —

Place of Death, Winthrop Mass

Place of Birth, Winthrop Mass Date of Birth, (State year, month and day.) Jan 24 1898

Name and Birthplace of Father, James Christian Nelson Boston

Maiden Name and Birthplace of Mother, Fannie Raby – Cambridge Mass

Place of Interment, Winthrop Cemetery Winthrop Mass

Samuel Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, July 10th 1906.

Name and Age of Deceased, Garden Francis Nelson Age, 8 years. 5 mo 15 d

Date and Place of Death,* July 9th near E. Boston and Winthrop Bridge

Disease { Chief cause, Drowning
Contributing cause, Accident.

Duration { Chief cause, ...
Contributing cause.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis A. Harris M.D. Med Examiner

* If an institution, state how long an inmate and previous residence.

Francis Garden Nelson

July. 9, 1906.

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Winthrop Mass

Date of Death, July 10th 1906,

Name in full, John. W. Graves.

(If a married or divorced woman, give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 56 Years, 3 Months, 11 Days. Occupation, Inventor

Residence, 15 Chester Ave Ward, —

Place of Death, " " "

(State year, month and day.)

Place of Birth, Lexington Ky Date of Birth, ~~May 22~~

Name and Birthplace of Father, Chas. C. Graves Lexington Ky

Maiden Name and Birthplace of Mother, Mari Gains " "

Place of Interment, Mt. Auburn (Cremation) Cambr Mass

C. R. Remson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop July 11 1906.

Name and Age of Deceased, John. W. Graves Age, 56 years.

Date and Place of Death,* 15 Chester Ave Winthrop Mass

Disease { Chief cause, Brights Disease
Contributing cause, }

Duration { Chief cause, 2 yrs
Contributing cause, }

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B H Metcalf M.D.

* If an Institution, state how long an inmate and previous residence.

John W. Graves.

July. 10, 1906.

COMMONWEALTH OF MASSACHUSETTS

Town of Winthrop
~~CITY OF SOMERVILLE~~

RETURN OF A DEATH

FULL NAME Adeline J. McNeill

Registered No. .....

Place of Death: 70 Crest Ave (Name of Hospital or Institution if any) Winthrop (No.) (Street) ~~Somerville~~ Date of Death July 11 1906

Place of Residence: 19 Highland Road (No.) (Street) Somerville (Town or City and State) Age 14 years 9 months 26 days

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widowed

MAIDEN NAME (If a married or divorced woman, or widow):

HUSBAND'S FULL NAME: George E McNeill

BIRTHPLACE (Give state or country; also city, town, or county, if known):

NAME OF FATHER: Leonard Weithern

BIRTHPLACE OF FATHER (Give state or country; also city, town, or county, if known): Portsmouth N.H.

MAIDEN NAME OF MOTHER: Abby Grover

BIRTHPLACE OF MOTHER (Give state or country; also city, town, or county, if known): Portsmouth N.H.

OCCUPATION (Person giving statistical details): Housewife

INFORMANT'S NAME: George R Hudson

ADDRESS: 19 Highland Road Som (No.) (Street) (Town or City)

PLACE OF BURIAL OR REMOVAL: Forest Hills Cemetery (Town or City, and State)

DATE OF BURIAL: July 13 1906

UNDERTAKER'S NAME: Francis M Wilson

ADDRESS: Somerville Mass (No.) (Street) (Town or City)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 9 1906 to July 11 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: Nephritis

Two years (DURATION) DAYS

Contributory: Heart Disease

(DURATION) DAYS

(Signed) Edward F. Gage M.D.

(Address) 131 Crest Ave Winthrop (No.) (Street) (Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Previous Residence .....

How long at Place of Death? Years, Months, Days

Where was disease contracted, if not at place of death?

Received

190

Agent of Board of Health, appointed to issue burial permits

Filed

190

City Clerk

ALL NAMES TO BE IN FULL

Adeline J. McNeill

July. 11, 1906.

Adeline J. McNeill.

July 11, 1906.

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME Caroline Morris Registered No. 6012

Place of Death and Residence: Boston Mass Gen Hospital

Date of Death July 11 1906. Age 31 years months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
F	Blk	M

Maiden Name: Neil

Husband's Name: Fleming

Birthplace: Wilmington N C

Name of Father: ------Neil

Birthplace of Father: Unknown

Maiden Name of Mother: "

Birthplace of Mother: "

Occupation: Domestic

Informant:

Place of Burial or removal: Mt Hope Boston Mass

Undertaker: W Banks

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): Typhoid Fever 5 weeks

Contributory: (Duration) Oedema of Lungs 6 hrs

(Signed) Royal Hatch M.D.

July 12 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: 131 Crescent Av Winthrop

Filed July 13 1906.

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON MASS. SICUT PATRIBUS SIT DEUS NOBIS QUI FUERUNT ADJUTOR. CONDITA A.D. 1630. STATIS REGIMINE DONATA A.D. 1822.

July 11, 1906

[4-'04-37-I.M.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON, MASS.~~ Winthrop Mass

Date of Death, July 12 1906

Name in full, Emily Taylor

Emily Magrath Ewd. C. Taylor Husband

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married

(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 42 Years, 1 Months, 3 Days. Occupation, homemaker

Residence, 8 Bellevue Ave Ward, Winthrop Mass

Place of Death, 8 " " " (State year, month and day.)

Place of Birth, New York City Date of Birth, —

Name and Birthplace of Father, Henry Magrath London Eng

Maiden Name and Birthplace of Mother, Emilie Weil London Eng

Place of Interment, Woodlawn Cemetery New York City

C. R. Denison

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 12 1906.

Name and Age of Deceased, Emily Magrath Taylor Age, 47 years.

Date and Place of Death,* July 12 1906 Winthrop, Mass.

Disease { Chief cause, Typhoid Fever.
Contributing cause, Hemorrhage.

Duration { Chief cause, 8 weeks.
Contributing cause, 24 hrs.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. F. Porter M.D.

*If an institution, state how long an inmate and previous residence.

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Emely Taylor

July. 12, 1906.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, July 13. 1906

Name in full, Helen Gilpen Johnstone

Helen Gilpen Sherlock

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 77 Years, 5 Months, 21 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, Somerset Ave

Place of Birth, Shelburne N.S. Date of Birth, (State year, month and day.) Jan 23. 1830

Name and Birthplace of Father, — Sherlock, England

Maiden Name and Birthplace of Mother, Helen Gilpen Halifax N.S.

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ July 14 " 1906.

Name and Age of Deceased, Helen Gilpen Johnstone Age, 77 years. 5 mos 21 ds

Date and Place of Death,* July 13" 1906 Somerset Avenue Winthrop Mass

Disease { Chief cause, Abdominal cancer

Contributing cause, Abdominal cancer

Duration { Chief cause, about 2 yrs

Contributing cause, about 2 yrs

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

Helen Gilpen Johnson.

July. 13, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Catherine S Burrill Registered No. 56

Place of Death* 24 Bowdoin St Date of Death July 17 1906

Residence " " Age 80 years 4 months 21 days

STATISTICAL DETAILS

SEX: Female COLOR: White ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR~~ DIVORCED

MAIDEN NAME†: Catherine S Chase

HUSBAND'S NAME†: Charles Burrill

BIRTHPLACE‡: Farmeth M.E.

NAME OF FATHER: Thomas Chase

BIRTHPLACE OF FATHER‡: Farmeth M.E.

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER‡: ——

OCCUPATION: House Work

INFORMANT§: Fillmer O Burrill

PLACE OF BURIAL OR REMOVAL‖: Winthrop

DATE OF BURIAL: ..... 190.....

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 ..... to ..... 190 ....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Old age

..... (DURATION) ..... DAYS

Contributory: Paraplegia

..... (DURATION) 1 yr DAYS

(Signed) B Mulcahy M.D.

June 17 1906. (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed

..... 190..... .....
Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Catherine C. Burrell,
July. 17, 1906.

Catherine C. Burrell
July 17, 1906.

Dr McCulloch

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, August 2 1906

Name in full, Harrison Lester Roberts

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, (Single, Married, Widowed or Divorced.)

Age, 1 Years, 11 Months, 22 Days. Occupation, ——

Residence, Winthrop Mass Ward, ...

Place of Death, 187 Shirley Street

(State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, Aug 11 1904

Name and Birthplace of Father, Hugh N. Roberts Jr. England

Maiden Name and Birthplace of Mother, Minnie Theresa — Belm

Place of Interment, Winthrop Cemetery Winthrop Mass

Dunnell Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop August 3 1906.

Name and Age of Deceased, Harrison Lester Roberts Age, 1 years 11 — 22

Date and Place of Death,* August 2 1906 — 187 Shirley Street

Disease { Chief cause, Diphtheria

Contributing cause, ...

Duration { Chief cause, 24 hours

Contributing cause, ——

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edward F. Gage M.D.

* If an institution, state how long an inmate and previous residence.

21

Harrison Lester Rogers,
August 2 1906
No. 57

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop [redacted], MASS.

Date of Death, Aug 4th 1906

Name in full, Martha G. McDonald

(If married or divorced woman give maiden name, also name of husband.)

Sex, Fem Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 1 Years, 2 Months, — Days. Occupation, —

Residence,* Ocean View St Ward, ...

Place of Death, Winthrop, Mass. (State year, month and day.)

Place of Birth, Same Date of Birth, ...

Name and Birthplace of Father, John Carragan, P. E. I.

Maiden Name and Birthplace of Mother, Bridget Dermody Ireland

Place of Interment, Holy Cross, Malden

Frank G. Walsh

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 4th 1906.

Name and Age of Deceased, Martha G McDonald Age, 1 2 mo years.

I hereby certify that I attended deceased from Aug 1st 1906, to Aug 4th 1906, that I last saw her alive on the 3d day of Aug 1906 that she died on the 4th day of Aug 1906, about 4.15 o'clock A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Meningitis
Contributing cause, —

Duration { Chief Cause, 4 days
Contributing cause, ...

H. J. Souls M. D.

* If an institution, state how long an inmate and previous residence.

Martha G. McDonald
August 4, 1906
No. 58.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 5" 1906

Name in full, Chandler Winthrop Creighton

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 4 Years, 7 Months, 23 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 27 Atlantic Street

Place of Birth, Winthrop Date of Birth, (State year, month and day.) Dec 12" 1901

Name and Birthplace of Father, William H. Creighton - Charlestown

Maiden Name and Birthplace of Mother, Minnie J. Whittington - Yarmouth N.S.

Place of Interment, Winthrop Cemetery - Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop Aug 6th 1906.

Name and Age of Deceased, Chandler W. Creighton Age, 7 years.

Date and Place of Death,* August 5th 1906. 27 Atlantic St.

Disease — Chief cause, Typhoid Fever.

Disease — Contributing cause, Septic Abscess of leg.

Duration — Chief cause, One week

Duration — Contributing cause, Two weeks.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Augustus L. Tallman M.D. 9 Princeton St.

*If an institution, state how long an inmate and previous residence.

Chandler Mean Polyg
August 5, 1906
No. 59.

[11-'02-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death. Aug 7th 1906

Name in full, Helen Genevieve Kiggen

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, Wht (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 1 Years, 1 Months, 7 Days. Occupation, ...

Residence, ... Ward, ...

Place of Death, Blue Hill Collage Neponset ave Winthrop Mass

Place of Birth, Hyde Park Mass (State year, month and day.) Date of Birth, June 30 1905

Name and Birthplace of Father, Joseph M Kiggen Hyde Park mass

Maiden Name and Birthplace of Mother, Francis Mary Melcalf Ireland

Place of Interment, Calvary Cem. Boston Mass.

J. C. Graham
Hyde Park Mass Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 7th — 1906.

Name and Age of Deceased, Helen Genevr Kiggin Age, 1 years.

Date and Place of Death,* Hyde Park Mass June 30 - 1905

Disease { Chief cause, Acute indigestion
Contributing cause, ...

Duration { Chief cause, ...
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Albert B Dorman M.D.

* If an institution, state how long an inmate and previous residence.

August 7th 1906

No. 60.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 15 1906

Name in full, Sarah Gilman Matthews

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, W (Single, Married, Widowed or Divorced.)

Age, 78 Years, — Months, 29 Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 167 Winthrop Street (State year, month and day.)

Place of Birth, Freedom N H Date of Birth, ...

Name and Birthplace of Father, Jonathan Gilman Freedom N H,

Maiden Name and Birthplace of Mother, Annie Rendell Lee - N H.

Place of Interment, Winthrop Cemetery - Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, August 16 1906.

Name and Age of Deceased, Sarah G. Matthews Age, 78 years. 29 ds

Date and Place of Death,* August 15 1906 - 167 Winthrop Street

Disease { Chief cause, Carcinoma Uteri

Contributing cause, ...

Duration { Chief cause, Never one year

Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, D. Johnson M.D.

Winthrop Mass

* If an institution, state how long an inmate and previous residence.

Indian Journal Number 1.

August 15, 1906

No. 61

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Aug 29 1906

Name in full, Mary Pauline McCarthy
Mary Pauline Donovan
(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 36 Years, 1 Months, 28 Days. Occupation, Home

Residence,* 41 Main St Ward, ...

Place of Death, 41 Main St

Place of Birth, East Boston Date of Birth, June 22 1870 (State year, month and day.)

Name and Birthplace of Father, Timothy Donovan - Ireland

Maiden Name and Birthplace of Mother, Annie M. O'Donnell - Scotland

Place of Interment, Holy Cross Malden

M. J. Kelley
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 31st 1906.

Name and Age of Deceased, Mary Pauline McCarthy Age, 36 years.

I hereby certify that I attended deceased from Aug 4th 1906, to Aug 19th 1906, that I last saw her alive on the 19 day of August 1906 that she died on the 29 day of August 1906, about 9 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Chronic interstitial nephritis
Contributing cause, Uremia

Duration { Chief Cause, One year
Contributing cause, 8 days

[illegible] M. D.

*If an institution, state how long an inmate and previous residence.

August 19, 1906

No. 62

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, August 21" 1906

Name in full, James G. Abbott Jr.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 45 Years, 6 Months, — Days. Occupation, Shipping Clerk

Residence, Winthrop Mass Ward, —

Place of Death, 7 Belcher Street

(State year, month and day.)

Place of Birth, Lawrence Mass Date of Birth, — —

Name and Birthplace of Father, James G. Abbott - Andover Maine

Maiden Name and Birthplace of Mother, Mary E. Pearl - Lowell Mass

Place of Interment, Winthrop Cemetery - Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~ August 22d 1906.

Name and Age of Deceased, James G. Abbott Jr Age, 45 years. 6 mos

Date and Place of Death,* August 21" 1906 - 7, Belcher Street.

Disease { Chief cause, Hemiplegia

Contributing cause, General embolic thrombosis

Duration { Chief cause, 5 yrs

Contributing cause, one week

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B I Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

James G. Abbott Jr

August 21, 1906

No. 63

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME Mary E. Smith Registered No. 7380

Place of Death and Residence: Boston Boothby Hospt.--- Winthrop ,Locust St.

Date of Death Aug.22 1906. Age 41 years months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: Brown

Husband's Name: Edison J.Smith

Birthplace: England

Name of Father: John Brown

Birthplace of Father: England

Maiden Name of Mother: Unknown

Birthplace of Mother: England

Occupation: None

Informant:

Place of Burial or removal: Forest Hills

Undertaker: M.Barry

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: (Duration) Shock 24 hrs.

Contributory: (Duration) Operation for Fibroid Uterus 2 days

(Signed) J.W.Lane M.D.

Aug.24 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence: "Winthrop"

Filed Aug.25 1906

A true copy. Attest: E.W.McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTONIA CONDITA A.D. 1630. BOSTON, MASS.

Mary E. Lynch

Aug 22, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elizabeth C Crowe Registered No.

Place of Death * Chester Cottage Dalphin Ave

Date of Death Aug 29 1906 Age 44 years 10 months 8 days

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †: DeMayer

HUSBAND'S NAME †: Selden

BIRTHPLACE ‡: Boston

NAME OF FATHER: Raymond DeMayer

BIRTHPLACE OF FATHER ‡: Germany

MAIDEN NAME OF MOTHER: Ever Schudell

BIRTHPLACE OF MOTHER ‡: Germany

OCCUPATION: House Wife

INFORMANT §: Husband

PLACE OF BURIAL OR REMOVAL ‖: Forest Hills

DATE OF BURIAL: Aug 31 1906

UNDERTAKER: J S Waterman & Sons

ADDRESS: 2326 Wash St Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 1906 to Aug 29 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Uterus

(DURATION) 3 yrs DAYS

Contributory: Last attack with Diarrhea

(DURATION) 7 DAYS

(Signed) Dr. Ada M. Geare M.D.

Aug 29 1906 (Address) 12 Warner St Dorchester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190..... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Elizabeth C. Crove.
August 26, 1906
No. 64

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 28 1906

Full Name of Deceased, Cassandria A. Haynes

If a married or divorced woman or a widow give also { Maiden Name, ~~Not Known~~ Cassandria A Richardson
Name of Husband, John Henry Haynes

Sex, F Color, W ~~Single~~, Married, ~~Widowed or Divorced~~,

Age, 45 Years, — Months, — Days. Occupation, —

* Residence {If out of town, also state fully.} 5 Sea View Av Winthrop

Place of Death, Weleaf Hospital Winthrop Mass

Place of Birth, Bloomington, Ill. ~~Indiana~~

Name and Birthplace of Father, Not Known

Maiden Name and Birthplace of Mother, Not Known

Place of Burial (Give name of Cemetery) Winthrop Cemetery Winthrop Mass

Dated at Winthrop
on August 28th 1906

Signature and place of business of Undertaker. { Sumner Floyd
18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Cassandria A Haynes Age, 45 Y. — M. — D.

Place and Date of Death, died at Winthrop August 28 1906

Disease or Cause of Death,‡ { Primary, Chronic interstitial nephritis Duration, 2 yrs.
Immediate, Operation for hernia Duration, 2 wks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { R B Wheatley M. D.
Winthrop Mass

Date of Certificate, Aug 24 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Cassandria A Haynes
Aug 28, 1901
No. 60

No.

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

[3.'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON, MASS.~~ Winthrop, Mass.

Date of Death, Sept 9 1906.

Name in full, Jannett Hansell

Jannett Grant - " Wm H. Hansell

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 62 Years, 8 Months, 24 Days. Occupation, Housewife

Residence,* 9 Wheelock St Winthrop Mass

Place of Death, " " " " " "

Place of Birth, Hantz County Nova Scotia Date of Birth, Jan 15 - 1844. (State year, month and day.)

Name and Birthplace of Father, Donald Grant - Hantz County N.S.

Maiden Name and Birthplace of Mother, Maria Wright

Place of Interment, Winthrop Cemetery

Chas. R. Brinson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 9 1906.

Name and Age of Deceased, Jannett Hansell Age, 62 years.

I hereby certify that I attended deceased from June 18 1906, to Sept 9th 1906 that I last saw her alive on the 9th day of Sept 1906 that she died on the 9th day of Sept 1906, about 5.30 o'clock ~~A.M.~~, or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Brights disease
Contributing cause, " "

Duration { Chief Cause, 2 years
Contributing cause, 2 "

H. J. Sorle M. D.

* If an institution, state how long an inmate and previous residence.

Feb 9, 1906

67

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Sept 9 1906

Name in full, Walter Barry Hennessy

(If married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, 1 Years, 5 Months, 12 Days. Occupation, —

Residence,* 11 Sea Foam Ave Ward, ...

Place of Death, Winthrop (State year, month and day.)

Place of Birth, " Date of Birth, ...

Name and Birthplace of Father, John J. Boston

Maiden Name and Birthplace of Mother, Elizabeth Barry "

Place of Interment, Calvary Cem

Thos. J Lane Jr. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 9 1906.

Name and Age of Deceased, Walter B. Hennessy Age, 1½ years.

I hereby certify that I attended deceased from Aug 1906, to Sept 1906 that I last saw him alive on the 8th day of Sept 1906 that he died on the 9th day of Sept 1906, about 10 o'clock A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Acute Milk Infection
Contributing cause, ...

Duration { Chief Cause, weeks
Contributing cause, ...

Henry S. Rowen M. D.
Brighton Dist.

* If an institution, state how long an inmate and previous residence.

21

Sept 9, 1906

68

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, Sept 27 1906

Name in full, Edith A. Kingsbury
Edith A Nelson
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 33 Years, — Months, — Days. Occupation, Housewife

Residence, Wellesley Mass Ward, —

Place of Death, 133 Crest Avenue Winthrop

Place of Birth, Natick Mass Date of Birth, Aug 8 (State year, month and day.)

Name and Birthplace of Father, George M Nelson Charlestown Mass

Maiden Name and Birthplace of Mother, Catherine E Rice Dover Mass

Place of Interment Woodlawn Cemetery Wellesley Mass

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Sept. 27. 190 6.

Name and Age of Deceased, Edith A. Kingsbury Age, 33 years.

Date and Place of Death,* Winthrop, Mass. Sept. 27, 1906

Disease { Chief cause, Hemorrhagic
Contributing cause, Acute Gastritis

Duration { Chief cause, About Six Months
Contributing cause, Five days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Otis Schofield M.D.
Wellesley, Mass.

* If an institution, state how long an inmate and previous residence.

21

Sept 27. 1906

69

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS. Winthrop Mass

Date of Death, Oct 6th 1906

Name in full, Hazel Nichols

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 8 Years, 11 Months, 2 Days. Occupation, School Girl

Residence,* 110 Court Road Winthrop Ward, Mass

Place of Death, Winthrop Mass (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, —

Name and Birthplace of Father, William M. Nichols

Maiden Name and Birthplace of Mother, Emma J. Schilys

Place of Interment, Woodlawn Cemetery Mass

C. R. Brunson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct. 7 1906.

Name and Age of Deceased, Hazel Nichols Age, 8 years.

I hereby certify that I attended deceased from 190 , to Oct. 5 1906, that I last saw her alive on the 5th day of Oct. 1906 that she died on the 6th day of Oct. 1906, about o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Caries of Vertebra.
Contributing cause, Exhaustion

Duration { Chief Cause, seven years.
Contributing cause, Gradual

Frank A. Gill M. D.

15 Princeton St.
E. Boston

* If an Institution, state how long an inmate and previous residence.

21

Hazel Nichols
Oct 6, 1906

[4-'04-37-I.M.]

Winthrop

Permit No.

RETURN OF DEATH.

~~BOSTON, MASS.~~

Date of Death, Oct 11th 1906

Name in full, Howard Winthrop Taylor

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, X Years, 3 Months, 7 Days. Occupation, —

Residence, Point Shirley Ward, —

Place of Death, Ville DeLeau Cove Winthrop Mass (State year, month and day.)

Place of Birth, Vur. de Leau ave Date of Birth, July 4th 1906

Name and Birthplace of Father, Frederick H. Taylor Chelsea

Maiden Name and Birthplace of Mother, Florence E. Thomas Charlestown

Place of Interment, Woodlawn Everett Mass

C. R. Benneson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, Oct 12 1906.

Name and Age of Deceased, Howard Winthrop Taylor Age, 3 years.

Date and Place of Death,* Point Shirley

Disease { Chief cause, Enteritis
Contributing cause, Marasmus

Duration { Chief cause, 3 mos
Contributing cause, 2 mos

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, D B Mulcahy M.D.

* If an Institution, state how long an inmate and previous residence.

Howard Winthrop Taylor,
Oct 11, 1906

[11-'02-37-I.M.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 18 1906

Name in full, Grace H. Patchell

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, S (Single, Married, Widowed or Divorced.)

Age, — Years, 6 Months, 12 Days. Occupation, ...

Residence, Winthrop Mass Ward, —

Place of Death, 119 Shirley Street

Place of Birth, 119 Shirley St Date of Birth, (State year, month and day.) April 6 1906

Name and Birthplace of Father, Maiden Name and Birthplace of Mother, James H. Patchel — Salem Mass Grace Harrington

Place of Interment, Winthrop Cemetery

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, October 18 1906.

Name and Age of Deceased, Grace Harrington Patchell Age, — years. 6 mo 12 ds

Date and Place of Death,* October 18 1906 — 119 Shirley Street,

Disease { Chief cause, Probably pre-natal
Contributing cause, Mal nutrition

Duration { Chief cause, ...
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Albert B. Dowman M.D.
Winthrop Mass.

* If an institution, state how long an inmate and previous residence.

Grace H. Patchet
Oct 18, 1906

COMMONWEALTH OF MASSACHUSETTS

Winthrop Mass
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Starkweather Registered No.

Place of Death* No 82 Plesant St Winthrop Mass Date of Death Oct 19th 1906

Residence Winthrop Mass Age years months days

STATISTICAL DETAILS

SEX: Male
COLOR: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Winthrop Mass

NAME OF FATHER: Walter B Starkweather

BIRTHPLACE OF FATHER ‡: Dover N H

MAIDEN NAME OF MOTHER: Olivia R Cleveland

BIRTHPLACE OF MOTHER ‡: Margaretville N S.

OCCUPATION: Of Father Engineer

INFORMANT §: Walter B Starkweather

PLACE OF BURIAL OR REMOVAL ‖: Woodlawn Cemetery

DATE OF BURIAL: Oct 19th 1906

UNDERTAKER: John W Sprague

ADDRESS: 710 12 Meridian E Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ Oct 19 1906 ~~to~~ ~~190~~, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still Born due to Fatty Degeneration of Placenta (DURATION) ~~DAYS~~

Contributory: (DURATION) ~~DAYS~~

(Signed) Augustus T. Talleman M.D.

10-19-1906 (Address) 9 Pinckney St Bos

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed

190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or diverced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

No 73
Starkweather
Oct 19, 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, October 22 1906

Name in full, Henriette Nichols

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 68 Years, — Months, — Days. Occupation, —

Residence, Winthrop Mass Ward, —

Place of Death, 23 Beacon Street

Place of Birth, Bristol Conn Date of Birth, (State year, month and day.) May 29 1838

Name and Birthplace of Father, Beecher Perkins — Bristol Conn

Maiden Name and Birthplace of Mother, Julia Ann Blakeslee — Bristol Conn

Place of Interment, Plainville Conn.

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ Oct 22 " 190 6.

Name and Age of Deceased, Henretta Nichols Age, 68 years.

Date and Place of Death,* Oct 22 1906

Disease { Chief cause, Apoplexy
Contributing cause, Heart Disease

Duration { Chief cause, Apoplexy
Contributing cause, Heart Disease

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edward F. Gage M.D.

* If an institution, state how long an inmate and previous residence.

Oct 22, 1906

[4-'04-37-LM.]

Permit No.....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, Oct. 28th 1906

Name in full, Col Charles H. Adams

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Divorced (Single, Married, Widowed or Divorced.)

Age, 70 Years, — Months, — Days. Occupation, Clerk

Residence, Washington D. C. ~~Ward,~~

Place of Death, Winthrop Beach Mass. (State year, month and day.)

Place of Birth, Unknown Date of Birth, —

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Arlington Cemetery Washington D.C.

Summer & Floyd

Undertaker.

18 Pleasant Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Oct 28 " 1906.

Name and Age of Deceased, Charles H. Adams Age, 70 years.

Date and Place of Death,* Oct 28 - 1906 -

Disease { Chief cause, Paresis
Contributing cause, old age

Duration { Chief cause, Two years
Contributing cause, Five or more years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Edward F. Gage M.D.

* If an institution, state how long an inmate and previous residence.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop, ~~BOSTON~~, MASS.

Date of Death, October 29" 1906

Name in full, Katherine Riley

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 29 Years, — Months, — Days. Occupation, —

Residence, Boston Mass Ward, —

Place of Death, 32 Cottage Avenue (State year, month and day.)

Place of Birth, Ireland Date of Birth, —

Name and Birthplace of Father, Peter Riley — Ireland

Maiden Name and Birthplace of Mother, Alice McGuire — Ireland

Place of Interment, Sleepy Hollow Cemetery Concord Mass

Sumner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~ Oct 30" 1906.

Name and Age of Deceased, Katherine Riley Age, 29 years.

Date and Place of Death,* October 29" 1906 32 Cottage Avenue

Disease { Chief cause, Tuberculosis of lungs
Contributing cause, }

Duration { Chief cause, 2 mos.
Contributing cause, }

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

Katherine Riley
Oct 29. 1906.

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, October 30 1906

Name in full, Sam L. George

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widower (Single, Married, Widowed or Divorced.)

Age, 85 Years, — Months, — Days. Occupation, Contractor

Residence, 115 Winthrop Street Ward, —

Place of Death, Winthrop Mass

Place of Birth, Newbury Vt Date of Birth, — (State year, month and day.)

Name and Birthplace of Father, Stephen George - Newbury Vt

Maiden Name and Birthplace of Mother, Lydia Leighton - Newbury Vt

Place of Interment, Winthrop Cemetery

Sumner Floyd
Undertaker.
18 Hermon St

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Oct 31" 1906.

Name and Age of Deceased, Sam L. George Age, 85 years.

Date and Place of Death,* October 30" 1906 - 115 Winthrop Street

Disease: Chief cause, Gastric cancer

Contributing cause, same

Duration: Chief cause, two years

Contributing cause, " "

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Horace J. Soule M.D.

* If an institution, state how long an inmate and previous residence.

21

Oct 20, 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, November 7th 1906

Name in full, Elizabeth Amy Holmes

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 56 Years, 1 Months, 21 Days. Occupation, Housewife

Residence, Winthrop, Bach Mass ~~Ward,~~

Place of Death, 204 Shirley Street

(State year, month and day.)

Place of Birth, East Boston Date of Birth, Sept 17

Name and Birthplace of Father, Joseph Garrett - England

Maiden Name and Birthplace of Mother, Prudence Hadsers - England

Place of Interment, Winthrop Cemetery, Winthrop Mass

Bunner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, November 7th 1906.

Name and Age of Deceased, Elizabeth Amy Holmes Age, 56 years.

Date and Place of Death,* Nov. 7. Winthrop, Mass.

Disease { Chief cause, Cerebral Hemorrhage.
Contributing cause, Brights Disease.

Duration { Chief cause, 18 mos.
Contributing cause, Indefinite.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter M.D.

* If an institution, state how long an inmate and previous residence.

21

Elizabeth Amy Hermes

Jan 1. 1906

4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, November 8" 1906

Name in full, Frank O. Spear

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 41 Years, 2 Months, 20 Days. Occupation, Clerk

Residence, Winthrop Mass Ward, —

Place of Death, Cor Bowdoin St & Willow Avenue

(State year, month and day.)

Place of Birth, Brentham Mass Date of Birth, Aug 18" 1865

Name and Birthplace of Father, John M. Spear Otyannis Mass

Maiden Name and Birthplace of Mother, Josephine Rhodes Brentham Mass

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~ Winthrop, Nov 1906.

Name and Age of Deceased, Frank O. Spear Age, 41 years.

Date and Place of Death,* November 8" 1906 – Cor Bowdoin & Willow Ave

Disease { Chief cause, Diabetes
Contributing cause, Coma

Duration { Chief cause, 5 yrs
Contributing cause, 12 hours

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, S. Metcalf M.D.

* If an institution, state how long an inmate and previous residence.

Frank C Spear

Nov 8. 1906

COMMONWEALTH OF MASSACHUSETTS

Eastham
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Amelia Q. Rich Registered No. 10

Place of Death* Eastham Date of Death Nov. 10 190

Residence Winthrop Age 60 years 6 months days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Amelia Q. Gross

HUSBAND'S NAME † John L. Rich

BIRTHPLACE ‡ Truro Mass

NAME OF FATHER Bartholomew Q. Gross

BIRTHPLACE OF FATHER ‡ Truro

MAIDEN NAME OF MOTHER Bethia A. Atwood

BIRTHPLACE OF MOTHER ‡ Wellfleet

OCCUPATION Home wife

INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Consumption

1 yr. (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) S. T. Davis M.D.

Nov. 12 1906 (Address) Orleans Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, if not at place of death?

Filed Nov. 12 1906. Geo. I. Dill Clerk

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Provincetown Mass	Nov. 13 1906
UNDERTAKER	ADDRESS
J. B. Steele	Orleans

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

ALL NAMES TO BE IN FULL

[illegible] 10, 1906

[4-'04-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON~~, MASS.
Winthrop Mass

Date of Death, Nov 12 1906

Name in full, George M. Medros

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 56 Years, 9 Months, X Days. Occupation, Barber

Residence, 18 Pleasant St Winthrop Ward, Mass

Place of Death, " " " " "

(State year, month and day.)

Place of Birth, Pico Azores Date of Birth, Feb 12 1850

Name and Birthplace of Father, Tony Medros unknown

Maiden Name and Birthplace of Mother, Unknown Unknown

Place of Interment, Winthrop Cemetery

C. R. Pennoni

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov. 15. 1906.

Name and Age of Deceased, George M. Medros Age, 56 years.

Date and Place of Death,* Nov. 12. Winthrop.

Disease { Chief cause, Lobar Pneumonia
Contributing cause, General Debility

Duration { Chief cause, 5 days.
Contributing cause, Two years.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. J. Porter, Winthrop. M.D.

* If an institution, state how long an inmate and previous residence.

21

George M. Medora

Nov 12, 1906

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON,~~ MASS. Winthrop Mass

Date of Death, Nov, 21. 1906.

Name in full, Mary Emily Eaton

Maiden name } Mary Emily Toeworzy Widow of Wm. Eaton
(If married or divorced woman, give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widow (Single, Married, Widowed or Divorced.)

Age, X Years, X Months, X Days. Occupation, Nurse

Residence,* #5 Buchanan St Ward, Winthrop Mass

Place of Death, " " " [illegible]
(State year, month and day.)

Place of Birth, Ellsworth Me Date of Birth, Unknown

Name and Birthplace of Father, } Unknown Unknown

Maiden Name and Birthplace of Mother, } " "

Place of Interment, Cedar Grove Cemetery

C. R. Benson
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov 22nd 1906.

Name and Age of Deceased, } Mary Emily Eaton Age, ... years.

I hereby certify that I attended deceased from Jan 1st 1905, to Date ~~190~~, that I last saw her alive on the 21st day of Nov 1906, that she died on the 21st day of Nov 1906, about 2 30 o'clock ~~A.M.~~, or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Senility
Contributing cause, Arteriosclerotis

Duration { Chief Cause, One year
Contributing cause, Several years

N. J. Bond M. D.

* If an Institution, state how long an inmate and previous residence.

Mary Emily Eaton
Nov 21, 1906

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH Winthrop (No. 23 Cottage Park Rd St.; ..... Ward)

2 FULL NAME Mildred Clark-
[If married or divorced woman or widow give maiden name, also name of husband.]

a RESIDENCE 23 Cottage Park Road.

Registered No. 1082

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word): Single

6 DATE OF BIRTH: February 9- 1876, 1 (Month) (Day) (Year)

7 AGE: 30 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Not Any -
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Dorchester-Mass.

PARENTS

10 NAME OF FATHER: Henry C. Clark

11 BIRTHPLACE OF FATHER (State or country): Roxbury-N.H.

12 MAIDEN NAME OF MOTHER: Sarah E. Tilestor.

13 BIRTHPLACE OF MOTHER (State or country): Boston-Mass

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry C. Clark
(Address) 23 Cottage Park Rd-Winthrop

15 Filed ..... 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 27, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from ....., 191..., to ....., 191..., that I last saw h..... alive on ....., 191..., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Acute Malignant Endocarditis

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ....., M.D.

....., 191..... (Address) .....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Removal from Forest Hills to Mass. Cremation

DATE OF BURIAL: Dec 10, 1913

20 UNDERTAKER: A. P. Eastman Co.

ADDRESS: 251 Fremont St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc, *Carcinoma*, *Sarcoma*, etc., of.....(name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Broncho-pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street, or one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME Martha R Edmundson Registered No. 10150

Place of Death and Residence: Boston Mass Charitable Eye & Ear Infirmary

Date of Death Nov 22nd 1906. Age 54 years months days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
F	W	M

Maiden Name: Mudie

Husband's Name: Charles

Birthplace: England

Name of Father: Robert H

Birthplace of Father: England

Maiden Name of Mother: Martha R Mudie

Birthplace of Mother: -------P E I

Occupation: Housewife

Informant:

Place of Burial or removal: Winthrop Cem Mass

Undertaker: Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 1906, to ..... 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration): Aseptic Thrombosis of right Cavernous Sinus 31 days

Rupture of rt. Internal Cavotis artery

Contributory (Duration): Cerebral Ischemio 29 days

(Signed) H G Langworthy M.D.

Nov 23 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 227 Shirley St Winthrop

Filed Nov 26 1906

A true copy. Attest: E W McGlenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. SIGILLUM PATRIAE SIT DEI GLORIA ET CIVITATIS BONUM BOSTONIA CONDITA A.D. 1630 CIVITATIS BONUM

Mar. 27, 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Mildred Clark Registered No.

Place of Death* 23 Cottage Pk Road Winthrop Mass Date of Death Nov. 22 1906

Residence 23 Cottage Pk Rd Winthrop Mass Age 30 years 9 months 13 days

STATISTICAL DETAILS

SEX Female

COLOR White

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Dorchester Mass

NAME OF FATHER Henry C Clark

BIRTHPLACE OF FATHER ‡ Roxbury N. H.

MAIDEN NAME OF MOTHER Sarah Emma Pileston

BIRTHPLACE OF MOTHER ‡ Boston Mass.

OCCUPATION None

INFORMANT § Henry C. Clark

PLACE OF BURIAL OR REMOVAL ‖ Forest Hill

DATE OF BURIAL Nov 24 1906

UNDERTAKER A. L. Eastman

ADDRESS 251 Tremont St Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 14 1906 to Nov 22 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Malignant Endocarditis

(DURATION) 8 DAYS

Contributory:

(DURATION) DAYS

(Signed) Percy R. Brown M.D.

Nov 22 1906 (Address) 739 Boylston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Sarah A Hatch
Nov 22, 1906

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Nov. 29, 06

Name in full, Charlotte Cyr. nee, ~~Gerard~~ Wood
widow of Edward
(If married or divorced woman give maiden name, also name of husband.)

Sex, F Color, W (White, Black, Mixed, Chinese, Indian, etc.) Condition, W. (Single, Married, Widowed or Divorced.)

Age, 89 Years, ... Months, ... Days. Occupation, ...

Residence,* 31 Read St. Ward, ...

Place of Death, " " " Winthrop (State year, month and day.)

Place of Birth, St. John Canada Date of Birth, ...

Name and Birthplace of Father, Laurence ~~Gerard~~ Wood Canada

Maiden Name and Birthplace of Mother, Elizabeth Gerard " "

Place of Interment, Holy Cross Malden.

Thos. J. Lane Jr.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov 29 1906.

Name and Age of Deceased, Charlotte Cyr Age, 89 years.

I hereby certify that I attended deceased from Nov 29 1906, to Nov 29 1906, that I last saw her alive on the 29th day of Nov 1906 that she died on the 29th day of Nov 1906, about Eleven o'clock A.M., ~~or P.M.~~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Cerebral Apoplexy
Contributing cause, ...

Duration { Chief Cause, about 4 hours
Contributing cause, ...

J. E. Johnson M. D.

*If an institution, state how long an inmate and previous residence.

Charlotte Eyre
Nov 29, 1906

[3.'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Dec 2, 1906

Name in full, Frederick De Coste

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced.)

Age, 38 Years, X Months, X Days. Occupation, Labor

Residence,* 18 Madison Ave. Winthrop Ward, ...

Place of Death, 18 Madison Ave " " (State year, month and day.)

Place of Birth, Antigonish N. S. Date of Birth, ...

Name and Birthplace of Father, Michael De Coste Antigonish N. S.

Maiden Name and Birthplace of Mother, Unknown " " "

Place of Interment, Brookdale Cemetery Dedham Mass.

J. W. Wilson Dedham. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 3 1906.

Name and Age of Deceased, Frederick De Coste Age, 38 years.

I hereby certify that I attended deceased from Dec 2 1906, to Dec 3 1906, that I last saw him alive on the 2 day of Dec 1906, that he died on the 3 day of Dec 1906, about 2 o'clock A.M., ~~or P.M.~~, and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Uraemia
Contributing cause, Bright's Disease

Duration { Chief Cause, 10 hours
Contributing cause, Doubtful

D. E. Johnson M. D.

* If an institution, state how long an inmate and previous residence.

Frederick Ale Leroste

No 65

December 3. 1906

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 4 1906

Name in full, Anna Elizabeth Perkins

Anna Elizabeth Underhill

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 71 Years, 1 Months, 28 Days. Occupation, Housewife

Residence,* Winthrop Mass Ward, ~

Place of Death, 5 Perkins Street

(State year, month and day.)

Place of Birth, Exeter Mass Date of Birth, Oct 6 1835

Name and Birthplace of Father, Samuel G. Underhill - Chester N.H.

Maiden Name and Birthplace of Mother, Mary A. Dinsmore - Auburn N.H.

Place of Interment, Winthrop Cemetery Winthrop Mass

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, December 4 1906

Name and Age of Deceased, Anna Elizabeth Perkins Age, 71 years.

I hereby certify that I attended deceased from Nov 29 1906, to Dec 4 1906, that I last saw her alive on the 4th day of Dec 1906, that she died on the 4th day of Dec 1906, about 12.40 o'clock ~~A.M.~~, or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Cerebral hemorrhage
Contributing cause, Nephritis

Duration { Chief Cause, Cerebral hemorrhage
Contributing cause, Nephritis

Edward F. Gage M. D.

*If an Institution, state how long an inmate and previous residence.

Nellie Louise Loring
December 6. 1906.

COMMONWEALTH OF MASSACHUSETTS.

RETURN OF A DEATH—1906.

CITY OF BOSTON.

FULL NAME Robert Walker Registered No. 10545

Place of Death and Residence } Boston Carney Hospital

Date of Death Dec 6 1906. Age 33 years 6 months 27 days.

STATISTICAL DETAILS.

SEX	COLOR	SINGLE, MARRIED, WID., DIV.
M	Blk	M

Maiden Name

Husband's Name

Birthplace Witchita Kansas

Name of Father Ralph

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Occupation Jobber

Informant

Place of Burial or removal Woodlawn Everett Mass

Undertaker W A Frink

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1906, to 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary (Duration) } Pneumonia 5 days

Contributory (Duration) } Asthmatic Bronchitis 9 days

(Signed) A O Trottier M.D.

Dec 7 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Rear

Usual Residence 180 Shirley St Winthrop Mas

Filed Dec 8 1906

A true copy. Attest: E W M Glenen

Registrar.

CITY REGISTRAR'S OFFICE BOSTON, MASS. BOSTONIA CONDITA A.D. 1630.

December 6, 1906

[3-'06-146-V.M.]

(FOR POST-MORTEM EXAMINATIONS ONLY.)

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 11 1906

Name in full, Franklin J. Moses

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Single (Single, Married, Widowed or Divorced)

Age, 65 Years, — Months, — Days. Occupation, Writer

Residence, Winthrop Mass ~~Ward,~~

Place of Death, 6, Irwin Street

Place of Birth, Charlestown S. C. Date of Birth, (State year, month and day.) — — —

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery.

Dunbar & Floyd
Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec. 11th 1906.

I hereby certify that I viewed the body of

Name, Franklin J. Moses Age, 65 years,

who died on the 11th day of Dec 1906,

and to the best of my knowledge and belief, the cause of his death was as follows:

Autopsy

Disease, Chief cause, Poisoning – Opium or Gas*

Contributing cause, Accident

Francis A. Harris
M. D.

* was unable to freely decide between the two causes

Franklin J. Moses
December 11, 1906

[3-'06-37-LM.]

Permit No. .....

RETURN OF DEATH.

~~BOSTON, MASS.~~ Winthrop Mass

Date of Death, Dec 12 1906

Name in full, Charles Louis Barlow Jr

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, — (Single, Married, Widowed or Divorced.)

Age, X Years, 9 Months, 24 Days. Occupation, —

Residence,* 35 Lincoln St Ward, Winthrop Mass

Place of Death, " " " " " (State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, Feb 1 1906

Name and Birthplace of Father, Charles L. Barlow Co Middletown Ct

Maiden Name and Birthplace of Mother, Lucy P. Green Morris Ill

Place of Interment, Providence R. I.

Chas R. Brinson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 12 1906.

Name and Age of Deceased, Charles Louis Barlow Jr Age, 10 mos years.

I hereby certify that I attended deceased from Dec 9 1906, to Dec 12 '06 1906, that I last saw him alive on the 12 day of Dec 1906, that he died on the 12 day of Dec 1906, about 7.30 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Laryngeal diphtheria
Contributing cause, ...

Duration { Chief Cause, 3 days
Contributing cause, ...

B. Pritchett M. D.

* If an institution, state how long an inmate and previous residence.

Charles Louis Barlow Jr.
December, 2, 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Money Registered No. 248

Place of Death* Winthrop Mass. Date of Death Dec. 13th 1906

Residence Coral Ave Below Cottage Age ——— years ——— months ——— days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Winthrop Mass.

NAME OF FATHER Coal M. Money

BIRTHPLACE OF FATHER ‡ England

MAIDEN NAME OF MOTHER Elizabeth E. Von Bisbantein

BIRTHPLACE OF MOTHER ‡ Baltimore Md

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Old Cambridge

DATE OF BURIAL ..... 190.....

UNDERTAKER Frank S. Maloney

ADDRESS 46 Winthrop St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190..... to ..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

..... (DURATION) ..... DAYS

Contributory: .....

..... (DURATION) ..... DAYS

(Signed) L. L. Friedman M.D.

Dec 13 1906 (Address) 416 Washington St. Boston Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, If not at place of death? .....

Filed

..... 190..... .....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

No 96

Money –
Dec. 13, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Harriet Fulham Registered No.

Place of Death* Winthrop Mass Date of Death Dec 17th 1906

Residence 34 Pain View St. Age 2 years 5 months — days

STATISTICAL DETAILS

SEX Fem COLOR White SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Home

NAME OF FATHER Nicholas Co.

BIRTHPLACE OF FATHER ‡ Boston

MAIDEN NAME OF MOTHER Mary E. Barrett

BIRTHPLACE OF MOTHER ‡ Boston

OCCUPATION —

INFORMANT § Father and Mother

PLACE OF BURIAL OR REMOVAL ‖ Wo. Cem. Weldon DATE OF BURIAL Dec 19th 1906

UNDERTAKER Frank E. Malone ADDRESS 146 Winthrop St Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 190 .... to ..... 190 .... that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: Stomach Pneumo

(DURATION) 2 DAYS

Contributory: Convulsions

(DURATION) 2 DAYS

(Signed) B. J. Metcalf M.D.

Dec 18 1906 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed

..... 190 ....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

No 90

Harriet Fulham
dec. 17. 1906.

[3.'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Dec 21st 1906

Name in full, Ansar Streeter

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 80 Years, — Months, — Days. Occupation, Salesman

Residence,* Winthrop Mass ~~Ward,~~

Place of Death, 145 Cottage Avenue (State year, month and day.)

Place of Birth, Fitzwilliam N H Date of Birth, —

Name and Birthplace of Father, Martin Streeter - Fitzwilliam N H

Maiden Name and Birthplace of Mother, Mary Chamberlin - Fitzwilliam N H

Place of Interment, Fitzwilliam N H

Thomas Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec. 21st 1906.

Name and Age of Deceased, Martin Streeter Age, 80. years.

I hereby certify that I attended deceased from Dec. 7 1906, to Dec. 21st 190 , that I last saw him alive on the 20th day of Dec. 1906, that he died on the 21st day of Dec. 1906, about 3 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Pneumonia
Contributing cause, Mitral Insufficiency

Duration { Chief Cause, Two weeks
Contributing cause, Indefinite

H J Pope M. D.

*If an institution, state how long an inmate and previous residence.

Anson Streeter
Dec 25, 1906.

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 23 1906

Name in full, George G. Perkins

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 77 Years, 7 Months, — Days. Occupation, Brick Mason

Residence,* Winthrop Mass Ward, —

Place of Death, 55 Atlantic Street

Place of Birth, South Berwick Me Date of Birth, May 14 1829 (State year, month and day.)

Name and Birthplace of Father, Wilder H. Perkins = Unknown

Maiden Name and Birthplace of Mother, Charity Tucker = Unknown

Place of Interment, Winthrop Cemetery

Dunnev & Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ Dec 26 1906.

Name and Age of Deceased, Geo. G. Perkins Age, 77 years.

I hereby certify that I attended deceased from June 1906, to Dec 23 1906, that I last saw him alive on the 17 day of Dec 1906, that he died on the 23 day of Dec 190 , about 11 o'clock A.M., ~~or P.M.~~, and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Cancer of Neck (Cervical Carcinoma)
Contributing cause, —

Duration { Chief Cause, One year
Contributing cause, —

F C Johnson M. D.

* If an institution, state how long an inmate and previous residence.

George G. Perkins
Dec 23, 1906.

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON,~~ MASS.

Date of Death, December 25th 1906

Name in full, Gilman O. Burrill

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 36 Years, — Months, — Days. Occupation, Teamster

Residence,* Winthrop Mass ~~Ward,~~ —

Place of Death, 24, Bowdoin Street

Place of Birth, Winthrop Mass Date of Birth, — (State year, month and day.)

Name and Birthplace of Father, Charles Burrill - Winthrop Mass

Maiden Name and Birthplace of Mother, Katherine C. Chase - Surry Me

Place of Interment, Winthrop Cemetery - Winthrop Mass

Sumner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston,~~ December 26th 1906.

Name and Age of Deceased, Gilman O. Burrill Age, 36 years.

I hereby certify that I attended deceased from April 1905, to Dec 25th 1906, that I last saw him alive on the 25 day of Dec 1906 that he died on the 25th day of Dec 1906, about ..... o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Tuberculosis of lungs
Contributing cause, Tuberculosis of Bowels

Duration { Chief Cause, 2 yrs
Contributing cause, 2 mos

E. J. Pulcaff M. D.

* If an institution, state how long an inmate and previous residence.

No 9-3

Gilman C. Bursell
Dec. 20, 1906.

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 26 1906

Name in full, Sarah Brewster

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Widowed (Single, Married, Widowed or Divorced.)

Age, 82 Years, 6 Months, — Days. Occupation, —

Residence,* Winthrop Mass Ward, —

Place of Death, 85 Pauline Street

Place of Birth, Portsmouth N H Date of Birth, — (State year, month and day.)

Name and Birthplace of Father, James Martin Portsmouth N H

Maiden Name and Birthplace of Mother, Mercy Page Northampton N H

Place of Interment, Temporary Deposit in Rec Tomb

Burial to be at Portland Cemetery

Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, Dec 27 1906.

Name and Age of Deceased, Sarah Brewster Age, 82 years.

I hereby certify that I attended deceased from Dec 22 1906, to Dec 26 1906, that I last saw her alive on the Dec 25th day of Dec 1906, that she died on the 26th day of Dec 1906 about ..... o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of ..... death was as follows:

Disease { Chief cause, old age
Contributing cause, Bronchitis

Duration { Chief Cause, —
Contributing cause, 4 days

B J S Metcalf M. D.

* If an institution, state how long an inmate and previous residence.

No 14

Sarah Brewster
Dec. 26. 1906.

[3-'06 37-LM.]

Permit No. .....

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, December 27th 1906

Name in full, Abbie Amanda Steward

(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White (White, Black, Mixed, Chinese, Indian, etc.) Condition, Married (Single, Married, Widowed or Divorced.)

Age, 64 Years, 2 Months, 5 Days. Occupation, —

Residence,* Winthrop Mass ~~Ward,~~

Place of Death, 53 Centre Street Oct 22th 1842 (State year, month and day.)

Place of Birth, Gloucester Mass Date of Birth, ...

Name and Birthplace of Father, Jacob Crowe – Unknown

Maiden Name and Birthplace of Mother, Abbie Bange – Plymouth Mass

Place of Interment, Winthrop Cemetery

Gunner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, December 28th 1906.

Name and Age of Deceased, Abbie Amanda Steward Age, 64 years. 2 mos 5 ds

I hereby certify that I attended deceased from Dec. 27 1906, to Dec. 27 1906, that I last saw 12 30 p.m. alive on the 27th day of Dec. 1906. that she died on the 27th day of December 1906, about 12 30 o'clock A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Heart Failure
Contributing cause, Nasal Hemorrhage

Duration { Chief Cause, [illegible]
Contributing cause, 5 [illegible]

[illegible] M. D.

* If an institution, state how long an inmate and previous residence.

Abbie Amanda Stewart.
December 27, 1906